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FLINTSHIRE
COUNTY
COUNCIL



The . . .
Health of Flintshire
The Report
of the
Medical Officer
for the year
1965

Flintshire County Council

THE HEALTH OF
FLINTSHIRE

The Report

OF THE

Medical Officer

FOR THE YEAR

1965

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INTRODUCTION

COUNTY HEALTH OFFICES,
LLWYNEGRIN,
MOLD.

To the Chairman and Members of
the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

During 1965, a very real effort was made to establish closer working relations between the County Health Department and general practitioners and the staff of the hospital service. Not that relations between the various sections of the National Health Service in the County are basically unsatisfactory but, at times, communications have been inadequate and this needs careful thought and planning if a satisfactory remedy is to be found. I have met representatives of the general practitioners and hospital staff and we have discussed our common problems and come to a working arrangement about the transference of essential information which improves the level of service we all give to the patient.

On the retirement of Dr. A. Cathcart as District Medical Officer in July of 1965, the County districts were regrouped into two areas. Dr. D.J. Fraser and Dr. D.P.W. Roberts took over additional districts and in this way covered the whole of the county districts. Their allocation of time for district work being increased and for county work correspondingly decreased. The new arrangements are to be reviewed after twelve months before final Ministry of Health approval to the changes is sought.

A great deal of work and joint effort has gone into improving the maternity services in the county. This work has been going on steadily for the past five years and has been helped by the establishment of the Maternity Liason Committees in the three Hospital Management Committee areas serving the County. The implementation of the Cranbrook Committee recommendations, the establishment of full ante-natal facilities and the good working partnership of midwives and general practitioners, in domiciliary midwifery is now shown in the County statistics for the year. No maternal death occurred in 1965 and the infant death rate was the lowest on record 16.38 compared with 19.95 in 1964, and with a rate of 19.00 for England and Wales for 1965.

There was fall during the year in the amount of Government Welfare Foods sold in the county - National Dried Milk, Orange Juice, Cod Liver Oil and Vitamin preparations. This gradual falling off in the amount of Government Welfare Foods sold has now been going on for some years and I feel that these products should now be discontinued as most mothers prefer to purchase the various proprietary foods now readily available and sold at all our clinics. It seems unnecessary to sell Government Welfare Foods and proprietary brands in clinics particularly as the cost of handling the Government foods is high in view of the complex system of ordering and record keeping.

The County continued to offer training for selected nurses and midwives during the year to enable them to obtain the National District Nursing Certificate of the Ministry of Health and to be accepted on the roll of the Queen's Institute of District Nursing. During 1965, three nurses successfully completed this course. Two of these were on the staff of the Authority and one was employed by a Voluntary Organisation, and also two State Enrolled Nurses received the Queen's Institute Assessment Certificate. Since the district training course started in the county 20 nurses have successfully completed the course and gained the National District Nursing Certificate. District training assists the fully trained Nurse/Midwife to apply her training to patients nursed in their own homes where the problems involved are often quite different from those met in hospital, particularly as the nurse may have to give advice and help to members of the family as well as provide nursing care for the patient.

During the year, our various services for the mentally disordered were expanded and in particular the after-care arrangements for mentally ill patients, whether they had received hospital treatment or not. It will be noted that the number of after-care visits paid by Mental Welfare Officers to the mentally ill in 1965 (1575) was more than double the visits in 1964 (704). This was achieved by the recruitment of extra staff and by our policy of providing further training for selected trainees which enables them to obtain the National Certificate in Social Work. In this field, also, we work closely with the Medical Staff and Social Workers of Psychiatric Hospitals and in particular with all General Practitioners. Our facilities for the sub-normal were also developed at the two training centres, and during the year adaptations at the hostel at Rhyl enabled us to accept men and women whereas previously only men could be accommodated. I am very anxious to provide a joint centre for junior and adult sub-normals at Queensferry as soon as possible in view of the difficulty of making satisfactory provisions for these persons elsewhere. This new joint centre has been postponed on financial grounds and there is

no prospect at present of the work being commenced.

Health Visitors continued to do excellent work during the year both with mothers and babies and with the many other social problems that are part of the work of a County Health Department. I would like, in particular, to pay tribute to their work with the aged and the generally handicapped.

The Domestic Help Service - better known to the public as the Home Help Service - again met the needs of more persons than ever before. During 1965, 135 Home Helps were employed, all except 2 being part-time workers and they worked in 865 homes during the year. Of this total 726 were persons over 65 years of age. Many improvements were made during the year in the service, particularly making it easier for the public to obtain the services of a home help and further training of helpers to meet the special demands made on them. During the year, an Assistant Area Domestic Help Organiser was appointed and based at the new Health Department Sub-Centre at Rhyl. This has made it much easier for persons in the Western half of the County to obtain the services of a home help, also improved the level of service given, and reduced the lead on the County Organiser and the staff at the County Health Department.

During the year several meetings were held mostly informal with General Practitioners and hospital staffs, this in addition to my attendance at Local Medical Committees and meetings of Hospital Management Committees. I would like to thank General Practitioners and hospital staff for their ready help once again during the year, and I hope in return that the County Health Department Staff were able to assist them in the community care of patients during the year.

I would once again like to thank the staff of the Department for their loyal service during the year and also the co-operation of the staffs of other departments with whom we come into regular contact - Children's Department, Welfare Officer and the Department of Education. I would again like to thank Mr. W.I. Roberts, Chief Clerk of the Department for his valuable services during the year and his work in the preparation of this report.

I would also like to thank the Chairman and Members of the Health Committee for their interest and support during the year. The Clerk of the County Council and his staff have, as always, been ready

to help and advise, also the County Treasurer and his staff. It is a pleasure to record the good relations between all departments of the Council and to thank those who have co-operated with the Department during 1965.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G.W. ROBERTS,

County Medical Officer of Health.

1965 STAFF CHANGES

Medical:

Dr. A. Cathcart, M.B., Ch.B., D.P.H., D.T.D and H, Assistant County Medical Officer and Medical Officer of Health for the Buckley Urban, Connah's Quay Urban, Hawarden Rural and Maelor Rural District Councils retired on 6th July, 1965.

Dental:

Mr. D.R. Pearse, B.D.S. resigned as full-time Dental Officer on the 31st January, 1965.

Mr. M.D. Turnbull, B.D.S. commenced duty as full-time Dental Officer on the 31st May, 1965.

Mr. T. Roberts, L.D.S. commenced duty as part-time Dental Officer on the 8th February, 1965.

Dr. C.W. Fisher resigned as Dental Anaesthetist. His last session was on the 11th January, 1965.

Dental Auxiliary:

Miss B. Solomons resigned on the 31st July, 1965.

Health Visiting:

The following commenced duty as Health Visitor/School Nurse on the dates shown:-

Mrs. M. Moffatt	Queensferry district	1st April 1965
Miss I.M. Swinscoe	Northop district	1st April 1965
Mrs. P. Pearson	Connah's Quay district	21st July 1965
Mrs. M.A. Godding	Mynydd Isa district	26th July 1965

The following retired during the year:-

Miss G. Jenkins	Connah's Quay district	2nd Jan 1965
Miss J. Jewell	Rhyl district	31st Dec 1965

The following resigned on the dates shown:-

Mrs. P. Pearson	Connah's Quay district	31st Oct 1965
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Nurses and Midwives:

Mrs. M.M. Gordon, Nurse/Midwife, Llanfynydd, retired on the 30th April, 1965.

The undermentioned resigned during the year:-

Mrs. B. Jones, District Nurse/Midwife	Mold	31st July 1965
Mrs. M. Ralphs, District Nurse/Midwife	Saltney	31st Oct 1965

The undermentioned Nurses were appointed during the year:-

Mrs. Myfanwy Williams Relief Nurse/Midwife	Eastern and Central areas	4th Jan 1965
Miss B. Davies Relief Nurse/Midwife	Western area	11th Jan 1965
Mrs. E.A. Rosedale, Relief District Nurse	Eastern area	1st Feb 1965
Mrs. C.R. Williams, Nurse/Midwife	Llanfynydd area	15th Mar 1965
Miss H.J. Gillespie, Relief Nurse/Midwife	Central and Western areas	3rd May 1965
Miss D.A. Jones Relief District Nurse	Western area	22nd June 1965
Miss T.M. Fail Nurse/Midwife	Mold and New Brighton areas	1st Sept 1965

Mrs. D. Jeronimidis, Leeswood district, commenced attendance at the full-time Health Visitor's Training Course on 13th September, 1965.

Mental Health Staff:

Mr. J.C. Seaman, Senior Mental Welfare Officer, resigned on the 31st December, 1965.

Mr. R. Powell, was appointed to succeed Mr. Seaman, to the post of Senior Mental Welfare Officer, to commence duty on 1st January, 1966.

Domestic Help:

Mrs. S.M. Stuart-Morgan was appointed as Assistant Domestic Help Organiser on 1st September, 1965.

Home Visitors for Handicapped Persons:

Miss M.E. Rich resigned 31st July, 1965, to take up a similar post in Denbighshire.

Mrs. G.E.G. Kelsey commenced duty as Temporary Home Visitor for Handicapped Persons on the 1st December, 1965.

Part-time Ophthalmic Optician:

Mr. A.S.M. Saum commenced duty as part-time Ophthalmic Optician, on 23rd January, 1965.

ATTENDANCE AT COURSES AND CONFERENCES

Particulars of Courses and Conferences attended by members of the Health Service Staff are given below:-

Medical Officers:

Dr. G.W. Roberts	Development of Mental Health Services, Llandudno, 23rd March 1965. Royal Society of Health - Annual Congress, Eastbourne, 26th April, 1965 to 30th April, 1965. Course on Screening Procedures, Bristol, 10th September 1965 to 12th September, 1965.
Dr. K.S. Deas	National Association for Mental Health Annual conference, London, 25th February 1965 to 26th February, 1965.
Dr. L.L. Munro	Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965. Association for Special Education -

"Children in Hospital" Liverpool, 10th September, 1965 to 11th September, 1965.

Dr. D.P.W. Roberts Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965.

Dr. E.V. Woodcock Board of Post Graduate Studies "Paediatrics", Rhyl, 30th May, 1965.
Association for Special Education - "Children in Hospital", Liverpool, 10th September 1965 to 11th September 1965.

Dental Officers:

Mr. A. Fielding Annual Dental Conference - Belfast, 17th June 1965 to 24th June 1965.

Health Visitors:

Miss P.M. Matthews Examination of Student Health Visitors, Bolton, 10th June, 1965. International Congress of Nurses, Frankfurt, 19th June 1965 to 26th June 1965. Home Help Conference - Nottingham - 23rd September 1965 to 25th September 1965.

Miss M. Lees Health Visitors Association, Post Certificate Course, London, 30th December 1964 to 12th January 1965.

Miss E.M.L. Morgan Health Visitors' Refresher Course, Liverpool, 3rd May 1965 to 7th May 1965.

Miss M. Williams Queen's Institute of District Nursing, "Immigrants and their Problems". Liverpool, 13th April, 1965.

Miss I.M. Swinscoe Royal College of Nursing - Study Day, London, 13th October 1965.

Miss M. Hinchin Health Visitors Association - Annual Conference, Cheltenham, 30th October 1965.

Nurses and Midwives:

Miss L. Mann	Supervisors of Midwives, Post Graduate Course, Cardiff, 28th March 1965 to 3rd April, 1965. Queen's Institute of District Nursing, "Immigrants and their Problems", Liverpool, 13th April, 1965. London Hospital Centre, 4th May 1965. Queen's Institute of District Nursing - Study Day and Conference - London, 14th May 1965 to 15th May 1965. William Rathbone Staff College, Liverpool, 1st June 1965 to 2nd June 1965.
Mrs. F.A. Cowx	Midwifery Post Graduate Course, Sheffield, 4th April 1965 to 10th April 1965.
Mrs. M. Jones	Midwifery Post Graduate Course, Sheffield, 4th April 1965 to 10th April 1965.
Mrs. G. Gibson	Midwifery Post Graduate Course, Bangor, 3rd July 1965 to 10th July 1965.
Miss D.G. Asquith	Midwifery Post Graduate Course, Bangor, 3rd July 1965 to 10th July 1965.

Nurses and Midwives:

Mrs. N.A. Furneaux	Midwifery Post Graduate Course, Cardiff, 19th September 1965 to 25th September 1965.
Mrs. J.E. Rainbow	Midwifery Post Graduate Course, Cardiff, 19th September 1965 to 25th September 1965.

County Public Health Officer:

Mr. E. Lewis	Royal Society of Health - Annual Congress, Eastbourne, 26th April, 1965, to 30th April 1965. Central Council for Health Education, Summer School, Bangor, 10th August, 1965, to 20th August, 1965.
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Mental Health:

Mr. J. Jenkins	Course for Wardens of Local Authority Hostels, Harrogate, 8th March 1965, to 19th March, 1965.
Miss F.A. Davies	Diploma Course for Staffs of Training Centres, Birmingham - 1 Year Course.
Miss D.M.T. Owen	Diploma Course for Teachers of Mentally Handicapped, Sheffield - Two Year Course.

Ambulance Staff:

Mr. W. Reynolds	Ambulance Service Training Scheme, Northwich, 18th January 1965 to 31st January 1965.
Mr. A.S. Hughes	Ambulance Service Training Scheme, Northwich, 6th September 1965, to 19th September, 1965.

Section 1

ADMINISTRATION

A - DEPARTMENTAL OFFICERS

County Medical Officer:

Griffith Wyn Roberts, M.B., B.Ch., B.A.O., D.P.H.

Official Address: County Health Offices, Mold. Tel. Mold 106
(7 Lines)

Deputy County Medical Officer:

Kenneth Steven Deas, M.B., Ch. B., D.P.H.

Senior Assistant Medical Officer:

Lillie Lund Munro, M.B., Ch.B., D.P.H.

Assistant Medical Officers (full-time):

William Manwell, C.M., M.B., B.Ch., B.A.O., D.T.M., D.P.H.

Edith V. Woodcock, M.B., Ch.B.

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts.

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

(Retired - 6:7:65)

D.J. Fraser, M.B., Ch.B., D.P.H.

D.P.W. Roberts, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H.

Assistant Medical Officers (part-time sessional):

Dr. E.M. Harding, M.B., Ch.B., D.P.H.

Dr. K. Gammon, B.Sc., M.B., B.Ch. (Resigned 17:12:65)

Dr. J.D. McCarter, M.B., B.Ch. B.A.O., (Commenced 15:7:65)

Dr. Y.B. Gibson, M.B., B.Ch. (Commenced 12:10:65)

Chest Physicians (part-time):

E. Clifford-Jones, M.B., B.S., M.R.C.S. (Eng.), L.R.C.P.
(London)

J.B. Morrison, M.D., Ch.B.

R.W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.E.

Child Guidance Consultant (Regional Hospital Board Staff):

E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin), L.R.F.P.S.
(Glasgow)

Ear, Nose and Throat and Audiology Consultant (Regional Hospital Board Staff):

Catrin M. Williams, F.R.C.S.

Ophthalmic Consultants (Regional Hospital Board Staff):

A.C. Shuttleworth, M.B., Ch.B., D.O.M.S. (Retired 31:10:65)
E. Lyons, M.B., Ch.B., D.O.M.S.

Orthopaedic Consultant (Clwyd and Deeside Hospital Management

Committee, Prince Edward War Memorial Hospital, Rhyl):
R.Owen, M.Ch. (Orth.), F.R.C.S.

Consultant Paediatrician (Regional Hospital Board Staff):

M.M. McLean, M.D., M.R.C.P.E., D.C.H.

Consultant Obstetricians and Gynaecologists:

Mr. E. Parry-Jones, M.D., M.S., F.R.C.O.G. (Clwyd and
Deeside Hospital Management Committee).

Mr. D.B. Whitehouse, M.D., F.R.C.S., M.R.C.O.G. (Wrex-
ham, Powys and Mawddach Hospital Management
Committee).

Consultant Geriatricians:

Dr. June P. Arnold, M.D., M.R.C.P. (Clwyd and Deeside
Hospital Management Committee).

Dr. Evan Griffiths, M.B., B.S. (Lond.), L.R.C.P., M.R.C.S.,
F.R.C.S. (Edin.), F.R.C.S. (Eng.) (Wrexham, Powys
and Mawddach Hospital Management Committee).

Speech Therapists:

Mrs. R.E. Ward, L.C.S.T. (part-time)

Miss G. Roberts, L.C.S.T. (Full-time)

Principal School Dental Officer (Full-time)

A. Fielding, L.D.S., R.C.S.

Dental Officers (Full-time):

Frederick Seymour Dodd, L.D.S.

Leon Harris, B.D.S

Arthur Oliver Hewitt, L.D.S

David Rodney Pearse, B.D.S (Resigned 31:1:65)

Malcolm David Turnbull, B.D.S., (commenced 31:5:65)

Dental Officers (Part-time):

Mr. J.R. Davies, L.D.S.,

Mr. C. Hubbard, L.D.S.,

Mr. T. Roberts L.D.S. (since 8:2:65)

Consultant Orthodontist (part-time sessional):

B.T. Broadbent, F.D.S., R.C.S.

Dental Anaesthetists (part-time sessional):

Dr. J.M. Hands
 Dr. G.E.S. Robinson
 Dr. M.E. Lloyd
 Dr. C.W. Fisher (Resigned 11:1:65)
 Dr. H. Evans

County Public Health Inspector (also Food and Drugs Inspector):

Elwyn Lewis, M.R.S.H., F.A.P.H.I.

Superintendent Nursing Officer and Supervisor of Midwives:

Miss L. Mann, S.R.N., S.C.M., Q.N., H.V.Cert.

Superintendent Health Visitor/School Nurse, also Domestic Help Organiser:-

Miss P.M. Matthews, S.R.N., S.C.M., H.V. Cert., N.A.P.H. Cert.

Assistant Domestic Help Organiser:-

Mrs. S.M. Stuart-Morgan (since 1:9:65)

Health Visitors (Acting Jointly as Health Visitors and School Nurses):

All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate or other qualifications:-

Miss J.M. Jewell, Senior Health Visitor/School Nurse, Western Area. (Retired 31:12:65)

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area.

Mrs. P.B.M. Coupe	Miss E.M.L. Morgan
Mrs. M.A. Godding (since 26:7:65)	Mrs. D.M. Lewis
Miss M.J. Hughes	Mrs. S. Lewis
Miss G. Jones	Miss G.M. Jones
Miss G. Jenkins (retired 2:1:65)	Miss M.Y. Secker
+ Miss J.S. Rogers	Mrs. P. Pearson
Miss M. Lees	(21:7:65 to 31:10:65)
Miss A.M. Stewart	Miss I.M. Swinscoe
Mrs. L. Pritchard	(since 1:4:65)
Mrs. M.E. Pearse	Miss D. Phillips
Miss M.W. Wright	Miss M. Hinchin
Mrs. M. Moffatt (since 1:4:65)	Miss F.M. Higginson

+ Also acts as Part-time Health Education Officer.

Clinic Nurses:

Full-time:	Mrs. R. Cunnah
	Mrs. S.A. Latham
Part-time:	Mrs. H. Davies
	Mrs. M.M. Digweed
	Mrs. R. Williams
	Mrs. A. Roberts

Visitors for Chest Diseases:

Mrs. M.M. Roberts, S.R.N., S.C.M., T.B. Cert(Part-time).
 Mrs. A.R. Iball, S.R.N. (Part-time)

Ambulance Officer:

David John Jones, F.I.A.O., F.I.C.A.P.

Senior Mental Welfare Officer:

J.C. Seaman, Dip. Soc. Sc., A.M.I.A. (Resigned 31:12:65)
 R. Powell, C.S.W. (to commence 1:1:66)

Supervisor, Adult Training Centre:

A.J. Murray

Supervisor of Junior Training Centre:

Mrs. D.E. Goodwin, Dip. N.A.M.H.

Hostel, Fronfraith, Rhyl:

Warden - J. Jenkins S.R.M.N.
 Matron - Mrs. M.E. Jenkins

Home Visitor for Handicapped persons (General Classes):

Miss M.E. Rich (Resigned 31:7:65)
 Miss B. Baron
 Mrs. G.E.G. Kelsey (since 1:12:65)

Chief Clerk:

William Ithel Roberts

Departmental Senior Clerk:

Arthur Whitley

Domiciliary Midwives and Domiciliary General Nurses:

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council:-

District Nurse/Midwives	38
District Nurses	11
State Enrolled Nurses	3
(assisting on districts)	
Total	<u>52</u>

Domestic Helpers (Employed at the End of the Year):

Whole-time	2
Part-time	<u>134</u>
	<u>136</u>

Mental Welfare Officers:

At the end of the year, the Authority employed, in addition to the Senior Mental Welfare Officer, five full-time Mental Welfare Officers, one full-time Assistant Mental Welfare Officer and one part-time Mental Welfare Officer. The part-time Officer is also employed as a part-time Social Worker and this latter appointment is shared between the Local Health Authority and the North Wales Hospital Management Committee.

One of the full-time Mental Welfare Officers included above, namely, Mr. I. Thomas, will complete the Training Course in General Social Work in July 1966 and will then return to full duty on the district.

The area served by the Mental Welfare Officers are as follows:-

<u>Mental Welfare Officer</u>	<u>District or Parish</u>
Mrs. B. Howell	Prestatyn U.D.
Craigmor	Rhyl U.D.
Russell Road, Rhyl	Bodelwyddan
	Dyserth
Telephone:	Rhuddlan
Day	Rhyl 1950
Night and weekend	Mold 741

(In the above districts, Mrs. Howell is assisted on certain days by Miss Parsons, Assistant Mental Welfare Officer).

Mr. R. Clwyd Jones	Holywell U.D.	
Craigmor	Afonwen	Carmel
Russell Road,	Babell	Cwm
Rhyl.	Berthengam	Ffynnongroew
	Bodfari	Gorsedd
Telephone:	Brynford	Gronant
Day	Caerwys	Gwaenysgor
Night and Weekend	Calcoed	Gwespyr

Mr. R. Clwyd Jones (contd)		Holway	St. Asaph
		Llanasa	Talacre
		Llanerchymor	Trelawynd
		Lloc	Trelogan
		Mostyn	Tremeirchion
		Pantasaph	Waen
		Picton	Whitford
		Rhewl	Ysceifiog
		Rhuallt	
Mr. H. Yeoman		Flint M.B	Hoseley
County Ambulance Headquarters		Maelor R.D	Lixwm
Mold.		Abermorddu	Llanfynydd
		Caergwrle	Marford
		Cefn-y-Bedd	Nannerch
		Cilcain	Nercwys
		Coed Talon	Penyffordd
		Cymau	Pontybodkin
		Ffrith	Rhesycae
Telephone:-		Halkyn	Rhosesmor
Day	Mold 741	Hendre	Rhydtalog
Night and Weekend	Mold 741	Hope	Treuddyn
Mr. R. Powell		C. Quay U.D	Higher Kinnerton
The Clinic		Broughton	Mancot
Civic Centre		Ewloe	East Saltney
Connah's Quay		Garden City	West Saltney
Telephone:		Hawarden	Sealand
Day	Connah's Quay 3486		
Night and Weekend	Mold 741		
Miss R. Parsons		Buckley U.D	Northop
Assistant Mental Welfare Officer		Mold U.D	Northop Hall
County Health Offices,		Alltami	Padeswood
Mold.		Bryn-y-Baal	Pantymwyn
		Gwernaffield	Pentrobin
		Gwernymynydd	Penymynydd
		Leeswood	Pontblyddin
Telephone:-		Llong	Rhydmywyn
Day	Mold 106	Mynydd Isa	Soughton
Night and Weekend	Mold 741	New Brighton	

Ambulance Calls: All calls, day or night, are dealt with at the County Ambulance Headquarters, Mold - Telephone No. Mold 741 (5 lines), and emergency lines - Mold 468 and 469.

B - ASSOCIATED OFFICERS

Clerk of the County Council:

W. Hugh Jones, Solicitor.

Secretary of the Education Committee:

B. Haydn Williams, B.Sc., Ph.D. (Died 29:5:65)

M.J. Jones, M.A. (appointed 5:10:65)

County Surveyor:

E.W.W. Richards, A.M.I.C.E., A.M. Inst. Struct. Eng.,
A.M.I. Mun. Eng.

County Architect:

R.W. Harvey, A.R.I.B.A

County Treasurer:

Sidney Elmitt, A.I.M.T.A

County Welfare Officer:

T. Wesley Hughes, F. Inst. W.

Children's Officer:

Mrs. L. Davies B.A.

Public Analyst (Fee-paid):

J.G. Sharratt, B.Sc., F.R.I.C.

Deputy Public Analyst (Fee-paid):

R. Sinar, B.Pharm., B.Sc., F.P.S., F.R.I.C.

Health Officers of the Several Sanitary Districts (as on 31st December, 1965)

District	Medical Officer	Public Health Inspector
Buckley Urban Connah's Quay Urban	Dr. D.J. Fraser Dr. D.J. Fraser	Mr. B. Marsland, U.D.C. Offices, Buckley Mr. C. Stoddart, U.D.C. Offices, Connah's Quay
Flint Municipal Borough	Dr. D.J. Fraser	Mr. F.J. Graham, U.D.C. Offices, Connah's Quay (since 1:7:65) Mr. L. Graham, Town Hall, Flint
Holywell Urban Mold Urban Prestatyn Urban Rhyl Urban	Dr. D. P.W. Roberts Dr. D.J. Fraser Dr. D.P.W. Roberts Dr. D.P.W. Roberts	Mr. B.G. Roberts (since 1:8:65) Mr. H.L. Fields, U.D.C. Offices, Holywell Mr. C.R. Cresswell, U.D.C. Offices, Mold Mr. J.M. Edwards, U.D.C. Offices, Prestatyn Mr. E.L. L. Jones, U.D.C. Offices Rhyl (Chief P.H.I.) Mr. E.G. Black, U.D.C. Offices Rhyl (Deputy P.H.I.) Mr. D. Kaye, U.D.C. Offices, Rhyl (Additional P.H.I.) Mr. M. Emlyn Thomas R.D.C. Offices, Hawarden, retired 31:3:65 Mr. D.R. George, R.D.C. Offices Hawarden Mr. C.S. Wensley (since 3:5:65) Mr. A.E. Holgate (since 1:9:65) Mr. D.O. Meredith Jones, R.D.C. Offices, Holywell.
Hawarden Rural	Dr. D.J. Fraser	Mr. G.T. Tinneswood, R.C.C. Offices, Holywell Mr. R.D. Jones, R.D.C. Offices, Holywell. Mr. S.J. V. James, R.D.C. Offices, Overton Mr. R.P. Barlow, R.D.C. Offices, St. Asaph Mr. G.D. Jones, R.D.C., Offices, St. Asaph
Holywell Rural	Dr. D.P.W. Roberts	
Maelor Rural St. Asaph Rural	Dr. D.J. Fraser Dr. D.P.W. Roberts	

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

During the year the population again showed an increase of 3,090 making the county population 158,240, at the end of the year. This increase was mainly due to migration into the county as the birth rate for 1965 was lower than for 1964 (18.5 : 19.3). The population increase was mainly in the Eastern half of the county, partly due to several new industrial undertakings having been established in this area, and also due to the development of new housing estates to house persons attracted to new industries in the Wirral and on Mersyside.

The migration of established families into the Eastern half of the county to new estates - predominantly privately developed - presents considerable problems to a Local Health Authority as they need all services as they arrive - clinics, ambulances, nurses, women's voluntary services, etc., and also schools. This means an expansion of existing services and changes in districts covered by present staff and this can be unsettling and cause considerable administrative difficulties.

New populations have also their own peculiar problems of not being connected to existing groups of forming part of adjoining urban communities and for this reason they make heavy calls on nursing staff, social workers, health visitors, home helps and mental welfare officers.

The western half of the County, including the south western sector, showed less change during the year. The north western area is predominantly a holiday area with a fair amount of small and varied industrial concerns, and the south western area is mainly agricultural in character. I have referred previously to the peculiar problems of providing Local Health Authority services in a holiday area during the summer months, when the population increases four fold and many unusual demands are made on the services, particularly district nurses, ambulance service and social workers. The agricultural sector of the county is possibly the area presenting least difficulties with a fairly static population and strong family ties.

There is an urgent need for a new hospital to serve the county - a District General Hospital of about 629 beds as outlined in the Ministry of Health Hospital Plan. This hospital is now an urgent problem as the present facilities are in several small hospitals scattered throughout the county. The county is well provided with General Practitioners but not so well covered by dental Practitioners. The

County Health Services are on the whole well developed and attract trained staff, the biggest problem being in the rapidly developing services for the mentally disordered.

During 1965, there was a very high level of employment in the county with a fairly large number of women at work. During the year the average unemployment figure was 1.5% compared with a figure of 2.6% for Wales and 1.4% for Great Britain. As I have mentioned before, full employment and a regular wage packet is possibly the most important "social" factor in maintaining a high level of nutrition, child care and health.

It is a sad commentary that although there is more employment and better wage levels that the civic conscience of the public has not improved and the position in the county is much the same as that nationally. It is strange that affluence and hooliganism seem to go together and that we are failing somewhere to provide the necessary instruction in behaviour and our relations with one another.

As already mentioned the county provides comprehensive health services and we are greatly helped in this work by voluntary effort both official from organised bodies and from groups of persons not attached to official bodies. There is need to foster still further voluntary effort within this county and nationally as I feel that in this way we can get valuable help in certain types of work and also foster a sense of purpose and usefulness into members of the community who have increasing leisure time and nothing to do and are unaware of the needs of others.

The whole County is adequately supplied with electricity from the national grid, piped water supplies and water carriage sanitation are the rule and only isolated villages are not so provided. A considerable number of Local Authority and private houses were completed during the year - 1,769 houses, 355 built by Local Authorities and 1,414 by private builders. Many more new houses are still needed in nearly all Local Authority areas to replace unfit houses and to meet new demands. Good progress has also been made by many of the Local Authorities to provide special dwellings for the aged, and ready help obtained in the adaptation of houses for physically handicapped persons.

Table 1 (a)

AREA, POPULATION, ETC.

District	Area in	Population (By Census).					
	Statutory Acres (pre-1934)	1901	1911	1921	1931	1951	1961
Urban -							
Buckley	2034	5780	6333	6726	6899	7699	7659
Connah's Quay	4214	3396	4596	5060	5980	7365	8375
Flint (Mun. Boro).	3435	4625	5472	6298	7655	14257	13707
Holywell	917	2652	2549	3073	3424	8196	8477
Mold	854	4263	4873	4659	5137	6436	6894
Prestatyn	1640	1261	2036	4415	4512	8809	10786
Rhyl	1700	8473	9005	13968	13485	18745	21737
Rural							
Hawarden	31588	15821	20571	24036	26575	34659	36443
Holywell	64519	23999	25328	25933	26709	22324	21636
Maelor	29749	5057	5176	5102	4761	6760	4889
St. Asaph	23057	6158	6766	7347	7752	9858	9479
Total Urban	14794	30450	34864	44199	47092	71507	77635
Total Rural	148913	51035	57841	62418	65797	73601	72447
Whole County	163707	81485	92705	106617	112889	145108	150082

Table 1 (b)

District	Area in Statutory Acres at 1/4/34	Area in Statutory Acres as per 1961 Census		Population (estimated mid-year)					
		1939	1949	1959	1962	1963	1964	1965	
Urban									
Buckley	2646	2638	7345	7622	7690	7720	7840	8020	8320
Connah's Quay	4214	4214	6505	7455	8030	8630	8740	8790	9390
Flint M.B.	6243	6802	13020	14160	14300	13790	13950	14040	14070
Holywell	2532	2428	6918	7870	8320	8470	8740	8560	8580
Mold	1164	1175	5880	6354	6680	7000	7110	7350	7490
Prestatyn	3219	2796	7422	8659	9720	11170	11490	12070	12450
Rhyl	1700	1700	16510	18710	19810	21290	21440	21570	21710
Rural									
Hawarden	31576	31576	28750	32450	35520	36840	37120	37480	38620
Holywell	58515	58329	20730	21920	22090	21550	21560	21960	22280
Maelor	29740	29749	4356	6720	4520	4670	4670	4850	4860
St. Asaph	22149	22300	7494	8380	10320	9300	9920	10460	10470
Total Urban	21718	21753	63600	70830	74550	78070	79040	80400	82010
Total Rural	141989	141954	61330	69470	72450	72360	73270	74750	76230
Total County	163707	163707	124930	140300	147000	150430	152310	155150	158240

VITAL STATISTICS - FLINTSHIRE, 1965.

Live Births	2,929
Live birth rate per 1,000 population	18.51
Illegitimate live births per cent. of total live births	6.08%
Stillbirths	51
Stillbirth rate per 1,000 live and stillbirths	17.11
Total live and stillbirths	2,980
Infant deaths (under 1 year)	48
Infant mortality rate per 1,000 live births - total	16.38
Legitimate infant deaths per 1,000 legitimate live births	15.63
Illegitimate infant deaths per 1,000 illegitimate live births	27.09
Neo-natal mortality rate per 1,000 live births (first four weeks)	9.92
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	8.19
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	25.16
Maternal deaths (including abortion)	-
Maternal mortality rate per 1,000 live and still births	-

FINANCIAL

The product of a penny rate, computed for the County in respect of the year 1965/66 was £28,308.

SOCIAL CONDITIONS

These are discussed elsewhere in the Report.

BIRTHS

During the year under review, 2,980 births were registered as pertaining to the County, that total being made up as follows:-

	<u>Live Births</u>	<u>Still Births</u>	<u>Total</u>
Legitimate	2,751	48	2,799
Illegitimate	178	3	181
<hr/>			
Total	2,929	51	2,980
<hr/>			

Compared with 1964, these figures show a decrease of 78 live births and an increase of 3 still births, the total births thus showing a decrease of 75.

Of the 2,929 live births, 1,501 were males and 1,428 females.

Of the 51 still births, 29 were males and 22 females.

Further reference will be made to these figures when considering the neo-natal and infant death rates.

The live birth rate per 1,000 population in 1965 was 18.51 which is slightly higher than the rate for England and Wales, namely, 18.10 but lower than the County rate for 1964, which was 19.38

The still birth rate per 1,000 total (live and still) births was 17.11 as compared with the corresponding rate for England and Wales, which was 15.70.

Illegitimate Births: The number of illegitimate births fluctuated from year to year. The number rose during the war years to a peak of 69.3 per 1,000 total births in 1947. By 1950 the figure had been reduced to the pre-war level of 43.87 per 1,000 total births. The figures for subsequent years are given below:-

1951	39.36	per 1,000 total births
1952	51.52	"
1953	52.85	"
1954	52.07	"
1955	40.00	"
1956	43.64	"
1957	32.05	"
1958	40.42	"
1959	41.98	"
1960	41.92	"
1961	42.96	"
1962	48.09	"
1963	44.14	"
1964	56.95	"
1965	60.74	"

Births in the various County districts - Table 2 (a) shows the births live and still, legitimate and illegitimate, whilst Table 2 (b) shows the birth rates in the County Districts.

Premature births - all babies weighing $5\frac{1}{2}$ lbs. or less at birth

are classified as "premature" irrespective of the period of gestation. Out of a total of 121 premature births in 1965, 98 were born in hospitals or maternity homes within the National Health Service. 17 of these were still births. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. The remaining 6 births occurred at home

Table 3 shows that of the 6 live births at home, 2 were transferred to hospital.

Table 2 (a)
BIRTHS - 1965

DISTRICT	LIVE			STILL			TOTAL		
	Legit	Illegit	Total	Legit	Illegit	Total	Legit	Illegit	Total
Urban -									
Buckley	199	5	204	4	-	1	200	5	205
Connah's Quay	199	6	205	3	-	3	202	6	208
Flint M.B.	223	15	238	3	-	3	226	15	241
Holywell	161	11	172	5	-	5	166	11	177
Mold	155	9	164	3	2	5	158	11	169
Prestatyn	170	21	191	1	-	1	171	21	192
Rhyl	285	36	321	4	-	4	289	36	325
Rural -									
Hawarden	712	45	757	17	1	18	729	46	775
Holywell	397	19	416	8	-	8	405	19	424
Maelor	78	1	79	1	-	1	79	1	80
St. Asaph	172	10	182	2	-	2	174	10	184
Total Urban	1392	103	1495	20	2	22	1412	105	1517
Total Rural	1359	75	1434	28	1	29	1387	76	1463
Whole County	2751	178	2929	48	3	51	2799	181	2980

Table 2 (b)
BIRTHS AND BIRTH RATES - 1965.
(Live Births, Stillbirths and Total Births)

DISTRICT.	Number of Births			Crude rate per 1000 population.		* Adjusted rate per 1000 population		Still-births Rate per 1,000 total births
	Live	Still	Total	Live	Still	Live	Still	
Urban -								
Buckley	204	1	205	24.52	.12	25.99	.13	4.88
Connah's Quay	205	3	208	21.83	.32	20.08	.29	14.42
Flint M.B.	238	3	241	16.91	.21	17.42	.21	12.45
Holywell	172	5	177	20.05	.58	19.45	.56	28.25
Mold	164	5	169	21.89	.67	21.89	.67	29.58
Prestatyn	191	1	192	15.34	.08	22.24	.12	5.21
Rhyl	321	4	325	14.79	.18	16.42	.20	12.31
Rural -								
Hawarden	757	18	775	19.60	.47	19.99	.48	23.22
Holywell	416	8	424	18.67	.36	20.54	.39	18.87
Maelor	79	1	80	16.25	.21	18.04	.23	12.50
St. Asaph	182	2	184	17.38	.19	19.99	.21	10.87
Total Urban	1495	22	1517	18.23	.27	19.69	.29	14.50
Total Rural	1434	29	1463	18.81	.38	20.13	.40	19.82
Whole County	2929	51	2980	18.51	.32	19.80	.34	17.11

Table 4

DEATHS (GENERAL) 1965
SUMMARY OF CAUSES

CAUSE OF DEATH	Males	Females	Total	Percentage of Total Deaths
Tuberculosis - respiratory	6	-	6	.30
Tuberculosis - other	-	-	-	-
Syphilitic disease	-	1	1	.05
Diphtheria	-	-	-	-
Whooping Cough	-	-	-	-
Meningococcal Infection	-	-	-	-
Acute Poliomyelitis	-	-	-	-
Measles	-	-	-	-
Other infective and parasitic diseases	3	-	3	.15
Malignant neoplasm - stomach	37	29	66	3.31
" " - lung, bronchus	63	12	75	3.76
" " - breast	-	36	36	1.80
" " - uterus	-	11	11	.55
Other malignant and lymphatic neoplasms	99	91	190	9.53
Leukaemia, aleukaemia	1	5	6	.30
Diabetes	9	5	14	.70
Vascular lesions of nervous system	121	223	344	17.25
Coronary disease, angina	246	179	425	21.31
Hypertension with heart disease	19	23	42	2.11
Other heart disease	55	110	165	8.27
Other circulatory disease	37	48	85	4.26
Influenza	4	5	9	.45
Pneumonia	29	48	77	3.86
Bronchitis	62	31	93	4.66
Other diseases of respiratory system	14	5	19	.95
Ulcer of stomach and duodenum	15	5	20	1.10
Gastritis, enteritis and diarrhoea	-	6	6	.30
Nephritis and Nephrosis	12	4	16	.80
Hyperplasia of prostate	9	-	9	.45
Pregnancy, childbirth, abortion	-	-	-	-
Congenital malformations	8	8	16	.80
Other defined and ill-defined diseases	65	104	169	8.48
Motor vehicle accidents	24	5	29	1.45
All other accidents	22	22	44	2.21
Suicide	11	6	17	.85
Homicide and operations of war	-	1	1	.05
TOTALS	971	1023	1994	-

DEATHS FROM RESPIRATORY TUBERCULOSIS - Table 4 (a)
shows the deaths from respiratory tuberculosis in the various County
Districts.

Table 4 (a)

DEATHS FROM RESPIRATORY TUBERCULOSIS

COUNTY	DISTRICT	MALES	FEMALES	TOTAL
Urban -				
	Buckley	1	-	1
	Connah's Quay	-	-	-
	Flint M.B.	-	-	-
	Holywell	-	-	-
	Mold	-	-	-
	Prestatyn	1	-	1
	Rhyl	4	-	4
Rural -				
	Hawarden	-	-	-
	Holywell	-	-	-
	Maelor	-	-	-
	St. Asaph	-	-	-
Total Urban		6	-	6
Total Rural		-	-	-
Whole County		6	-	6

DEATHS FROM MALIGNANT DISEASES

Table 5 (a) shows the deaths due to malignant diseases (cancer) and the rate per 1,000 of the population for each district.

The total deaths from cancer in 1965 increased to 384 from 356 in 1964. Many of these deaths are conditions of the aged, but the disturbing fact still remains that much could be done to prevent some of these deaths particularly deaths due to cancer of the lung, breast, uterus, and to a lesser extent the stomach. We know that cancer of the lung can be prevented by cutting out cigarette smoking and the other cancers referred to can be detected early and as such treated with very good results.

The biggest increase in deaths during the year was in cancer of the stomach, up by 18 on 1964. This increase may have been due to chance as deaths due to stomach cancer have in the past only shown slight change from year to year. Deaths due to cancer of the breast also showed an increase from 31 in 1964 to 36 in 1965 and this is a disturbing position as this type of cancer can be detected in the early stages when operation offers a very good chance of complete recovery. Deaths due to lung cancer showed little change but the gradual increase of deaths in women due to this condition continued and 12 women died of lung cancer in 1965 compared with 5 in 1964. (Men 63 in 1965 - 75 in 1964).

Deaths due to other forms of cancer as a group increased by 15 to a total of 190. This large group includes cancer of nearly every part of the body and the big total reminds us of the fact that cancer can attack virtually any part of the body and cause a large number of deaths each year.

From Table 5 (b) it will be seen that of a total of 384 deaths due to cancer in 1965, 135 occurred between the ages of 65 and 75. However, 138 occurred under the age of 65 and many of these were due to conditions which could have been prevented (lung cancer) or detected in their early stages (uterus and breast).

Much has been achieved in recent years in the early detection of various forms of cancer, when treatment is often effective and death can be prevented or delayed for many years. More screening techniques for early detection are being gradually introduced but the public must also co-operate in seeking medical advice when early symptoms or signs appear. Every woman knows, or should know, that it is essential to seek advice if she develops a lump in the breast

or has irregular bleeding particularly at the end of the childbearing period. In the same way, every adult in this country has heard of the connection between heavy cigarette smoking and lung cancer. The seeking of advice and the stopping of smoking is a matter for the individual to take action and further medical research will not assist us a great deal if we do not take action as responsible individuals on the lines indicated above to apply known knowledge.

Table 5 (a)
DEATHS FROM MALIGNANT DISEASES IN
THE VARIOUS COUNTY DISTRICTS

District and Population	Sex	Stomach	Lung, Bronchus	Breast	Uterus	Other	Leukaemia	Total	Rate per 1000 Population
Buckley U.D (8, 320)	M	1	2	-	-	6	-	9)	1.56
	F	-	-	-	1	3	-	4)	
Connah's Quay U.D. (9, 390)	M	-	4	-	-	3	-	7)	1.70
	F	2	1	1	1	4	-	9)	
Flint M.B (14, 070)	M	4	4	-	-	4	-	12)	1.56
	F	-	1	1	-	8	-	10)	
Holywell U.D (8, 580)	M	1	6	-	-	3	-	10)	1.86
	F	2	-	1	-	2	1	6)	
Mold U.D. (7,490)	M	1	4	-	-	4	-	9)	2.54
	F	1	-	4	-	5	-	10)	
Prestatyn U.D (12,450)	M	4	2	-	-	11	-	17)	3.21
	F	5	2	4	1	11	-	23)	
Rhyl U.D (21, 710)	M	3	9	-	-	21	-	33)	3.04
	F	4	2	3	2	21	1	33)	
Hawarden R.D (38, 620)	M	10	16	-	-	28	1	55)	2.36
	F	6	2	11	-	15	2	36)	
Holywell R.D (22, 280)	M	9	12	-	-	9	-	30)	2.74
	F	6	3	5	3	13	1	31)	
Maelor R.D (4, 860)	M	1	1	-	-	3	-	5)	1.85
	F	1	-	-	-	3	-	4)	
St. Asaph R.D (10,470)	M	3	3	-	-	7	-	13)	2.96
	F	2	1	6	3	6	-	18)	
Total Urban (82, 010)	M	14	31	-	-	52	-	97)	2.34
	F	14	6	14	5	54	2	95)	
Total Rural (76, 230)	M	23	32	-	-	47	1	103)	2.52
	F	15	6	22	6	37	3	89)	
Whole County (158, 240)	M	37	63	-	-	99	1	200)	2.43
	F	29	12	36	11	91	5	184)	
Total (M and F)		66	75	36	11	190	6	384	2.43

Table 5(b)
AGES OF DEATHS FROM MALIGNANT DISEASES AND
HEART AND CIRCULATORY DISEASES

		AGE GROUPS										Total
Disease	Sex	0 - 1	1 - 5	5 - 15	15 - 25	25 - 35	35 - 45	45 - 55	55 - 65	65 - 75	75 -	
Tuberculosis:												
Respiratory	M	-	-	-	-	-	-	1	1	3	1	6
"	F	-	-	-	-	-	-	-	-	-	-	-
Other	M	-	-	-	-	-	-	-	-	-	-	-
"	F	-	-	-	-	-	-	-	-	-	-	-
Totals		-	-	-	-	-	-	1	1	3	1	6
Malignant Diseases:												
Stomach	M	-	-	-	-	1	1	6	19	10		37
"	F	-	-	-	-	1	-	4	8	16		29
Lung bronchus	M	-	-	-	-	3	6	15	30	9		63
"	F	-	-	-	-	-	3	2	6	1		12
Breast	M	-	-	-	-	-	-	-	-	-		-
"	F	-	-	-	-	1	7	11	9	8		36
Uterus	F	-	-	-	-	3	2	3	2	1		11
Other	M	-	-	2	2	2	8	16	29	40		99
"	F	-	1	1	1	3	6	24	31	24		91
Leukaemia	M	-	-	-	1	-	-	-	-	-		1
"	F	-	-	-	-	-	-	2	1	2		5
Totals		-	1	-	3	4	14	33	83	135	111	384
Heart and Circulation:												
Vascular lesions of M		-	-	-	-	2	5	18	44	52		121
nervous system	F	-	-	1	-	1	10	18	46	147		223
Coronary disease, M		-	-	-	1	5	25	66	77	72		246
angina	F	-	-	-	-	3	3	19	53	101		179
Hypertension with M		-	-	-	-	-	1	7	8	3		19
heart disease	F	-	-	-	-	-	-	4	9	10		23
Other heart	M	-	-	-	-	3	1	11	14	26		55
"	F	-	-	-	1	2	4	12	18	73		110
Other Circulatory	M	-	-	-	-	1	2	3	11	20		37
	F	-	-	1	-	1	1	2	6	37		48
Totals		-	-	2	1	1	18	52	160	286	541	1061

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE

During the year 1965 deaths attributable to infectious disease were as follows:-

Diphtheria	-
Whooping Cough	-
Meningococcal Infections ...	-
Acute Poliomyelitis	-
Measles	-
Other Infective and Parasitic Diseases	3
Influenza	9
Pneumonia	77
Bronchitis	93
Gastritis, Enteritis and Diarrhoea	6

It will be noted that there were no deaths during 1965 from the major infectious conditions - which is a remarkable testimony if such were needed to the effectiveness of our vaccination and immunisation campaigns.

Infectious diseases have ceased to be major killing diseases of infants and young persons and this position can be maintained if the public will make full use of the protective vaccines now available to prevent them. Influenza, pneumonia and bronchitis deaths are mainly terminal conditions in the elderly and not true "primary" infectious diseases like polio or meningitis.

Facilities for the treatment of infectious illness in hospital are still available at Isolation Hospitals at Colwyn Bay, Clatterbridge and Wrexham. Beds for suspected smallpox cases are available in the Liverpool area and these serve the whole of North Wales and Merseyside.

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS- During the year 48 infants died before attaining the age of twelve months, and of these 23 were males and 25 females, whilst 43 were legitimate and 5 were illegitimate.

The infant mortality rate (deaths per 1,000 live births) is therefore 16.38, which is lower than the rate for England and Wales, namely, 19.00.

The causes of death of the 48 infants are given in Table 6 (a). In the present state of our knowledge little can be done to reduce the number of deaths due to congenital malformations.

It should be noted that of the 48 deaths in the first year of life, 24 had died in the first week of life (early neo-natal deaths) and at the end of four weeks after birth the total deaths was 29 (neo-natal deaths). It will be noted that the majority of deaths occur in the first week of life and, indeed, in the first 48 hours of life. This position is explained by the developments in ante-natal care and paediatrics, which results in fewer miscarriages and stillbirths, and means that more premature and other "weakly" babies are born alive - but fail to survive more than a few hours or days.

The present position will continue until more is known about the causes of prematurity and congenital deformity.

The prospects for the full-term healthy baby are better than ever - only nineteen babies died in the last eleven months of their first year.

During the year we continued to notify all infants born with any form of congenital deformity to the Ministry of Health on special forms supplied. Details of this scheme were given last year to all hospitals, general practitioners, midwives and health visitors. The purposes of this scheme is to enable the Ministry of Health to get accurate information about the nature and number of deformities occurring. Should there be any significant change in the number of any particular deformity immediate action can be taken to investigate this.

Table 6 (a)

INFANTILE DEATHS, 1965
(Under one year of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	-	-	-	1	-	1	1
Connah's Quay	2	-	2	3	1	4	6
Flint M.B.	2	-	2	1	-	1	3
Holywell	-	-	-	-	1	1	1
Mold	1	-	1	1	-	1	2
Prestatyn	1	1	2	3	-	1	5
Rhyl	3	1	4	1	-	1	5
Rural -							
Hawarden	5	1	6	6	-	6	12
Holywell	3	-	3	4	-	4	7
Maelor	1	-	1	-	-	-	1
St. Asaph	2	-	2	3	-	3	5
Total Urban	9	2	11	10	2	12	23
Total Rural	11	1	12	13	-	13	25
Whole County	20	3	23	23	2	25	48

The Causes of death were:-

	Males	Females	Total
Congenital Malformations	5	6	11
Pneumonia	5	5	10
Other defined and ill-defined diseases	10	13	23
Accidents (other than motor vehicle accidents)	2	1	3
Bronchitis	1	-	1
TOTALS	23	25	48

Table 6 (b)

INFANT MORTALITY, 1965

(Children aged under 12 months)

Rate per 1,000 total live births

DISTRICT	MALES			FEMALES			Infants
	Legit	Illegit	Total	Legit	Illegit	Total	Legit and Illegit.
Urban -							
Buckley	-	-	-	4.90	-	4.90	4.90
Connah's Quay	9.76	-	9.76	14.63	4.88	19.51	29.26
Flint (M.B.)	8.40	-	8.40	4.20	-	4.20	12.60
Holywell	-	-	-	-	5.81	5.81	5.81
Mold	6.10	-	6.10	6.10	-	6.10	12.20
Prestatyn	5.24	5.24	10.47	15.71	-	15.71	26.18
Rhyl	9.35	3.11	12.46	3.11	-	3.11	15.57
Rural -							
Hawarden	6.60	1.32	7.92	7.92	-	7.92	15.85
Holywell	7.21	-	7.21	9.61	-	9.61	16.82
Maelor	12.66	-	12.66	-	-	-	12.66
St. Asaph	10.99	-	10.99	16.48	-	16.48	27.47
Total Urban	6.02	1.34	7.36	6.69	1.34	8.03	15.38
Total Rural	7.67	.70	8.37	9.07	-	9.07	17.43
Whole County	6.83	1.02	7.85	7.85	.68	8.53	16.38

Table 6 (c)

NEO-NATAL DEATHS, 1965
(Under four weeks of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	-	-	-	-	-	-	-
Connah's Quay	2	-	2	2	1	3	5
Flint (M.B)	2	-	2	1	-	1	3
Holywell	-	-	-	-	1	1	1
Mold	-	-	-	1	-	1	1
Prestatyn	1	-	1	2	-	2	3
Rhyl	-	1	1	-	-	-	1
Rural -							
Hawarden	3	1	4	4	-	4	8
Holywell	2	-	2	3	-	3	5
Maelor	-	-	-	-	-	-	-
St. Asaph	1	-	1	1	-	1	2
Total Urban	5	1	6	6	2	8	14
Total Rural	6	1	7	8	-	8	15
Whole County	11	2	13	14	2	16	29

Table 6 (d)

INFANT DEATHS, 1965

(Infants under one week of age)

DISTRICT	MALES			FEMALES			Infants Legit and Illegit
	Legit	Illegit	Total	Legit	Illegit	Total	
Urban -							
Buckley	-	-	-	-	-	-	-
Connah's Quay	2	-	2	1	1	2	4
Flint M.B.	2	-	2	1	-	1	3
Holywell	-	-	-	-	1	1	1
Mold	-	-	-	-	-	-	-
Prestatyn	1	-	1	2	-	2	3
Rhyl	-	1	1	-	-	-	1
Rural -							
Hawarden	3	1	4	2	-	2	6
Holywell	1	-	1	3	-	3	4
Maelor	-	-	-	-	-	-	-
St. Asaph	1	-	1	1	-	1	2
Total Urban	5	1	6	4	2	6	12
Total Rural	5	1	6	6	-	6	12
Whole County	10	2	12	10	2	12	24

MATERNAL MORTALITY - There was no death attributable to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain a confidential report from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician giving complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

The whole object of this work is to try and improve the Midwifery Service provided in the County both in hospital and at the patient's home. Careful inquiries into the causes of maternal deaths give valuable information and enable steps to be taken to improve still further a service which has a very high standard.

There has been a steady fall over the years in maternal deaths in the County indicating a very satisfactory standard of hospital and domiciliary midwifery.

DEATHS IN THE VARIOUS COUNTY DISTRICTS - Table 7 shows the total number of deaths of males and females in the County Districts, and the crude and adjusted mortality rates for those Districts.

Table 7

DEATHS IN THE SEVERAL DISTRICTS

(All Ages - All Causes)

DISTRICT	Males	Females	Total	Crude rate per 1,000 population	*Rate adjusted per 1,000 population
Urban -					
Buckley	45	29	74	8.89	9.96
Connah's Quay	45	30	75	7.99	12.30
Flint (M.B.)	70	58	128	9.10	11.65
Holywell	52	66	118	13.75	10.45
Mold	34	37	71	9.48	12.23
Prestatyn	96	136	232	18.63	10.25
Rhyl	165	194	359	16.54	12.57
Rural -					
Hawarden	214	208	422	10.93	12.57
Holywell	150	177	327	14.68	13.80
Maelor	28	23	51	10.49	11.43
St. Asaph	72	65	137	13.08	11.77
Total Urban	507	550	1057	12.89	11.34
Total Rural	464	473	937	12.29	12.78
Whole County	971	1023	1994	12.60	11.97

* Adjusted by comparability factor for purpose of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar General:-

Urban Districts

	Males	Females	Total
Deaths in age groups 45-64	125	94	219
Deaths in age groups 65 and over	340	426	766
TOTALS	465	520	985

Rural Districts

	Males	Females	Total
Deaths in age groups 45-64	142	82	224
Deaths in age groups 65 and over	279	363	642
TOTALS	421	445	866

Section B

HEALTH SERVICES PROVIDED IN THE COUNTY

ADMINISTRATION

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the National Health Service Acts, and parts of the National Assistance Act and Public Health Act.

The Health Department is administered centrally from the County Health Offices at Mold, there being no divisional administration. During the year, however, the scheme of three sub-centres of the department came into operation at Rhyl, Connah's Quay and Mold. This was referred to last year and facilities and staff were engaged and located at clinics at these centres and calls from doctors, hospitals, other staff and the public can now be received and dealt with at these sub-centres of the Health Department. This does not mean any change in administrative responsibility, but merely makes it easier for persons in each area to obtain various services from the health department by local contact on the telephone or by calling at the centre. With the increasing demands on the home help service in the Western area an Area Home Help Organiser has been

appointed for this area and she is based at the Health Department Sub-Centre at Rhyl. During the year considerable changes were made in our arrangements for contacting staff on duty outside office hours, e.g. mental welfare officers, senior nurses, doctors, and health visitors on duty at the weekend. In the case of Mental Welfare Officers it had been the practice to work out a rota of officers on duty and these were widely distributed to all concerned and the same applied to a limited extent with others on call. During the year the preparation and wide distribution of these rotas was discontinued. The rotas were made available to the County Ambulance Headquarters only and when a doctor or other person wanted to contact a member of the staff on duty outside normal office hours they contacted the Ambulance Headquarters who either contacted the officer and gave a message or told the caller who was on duty and gave the telephone number. This has meant a reduction in administrative work centrally and more important a better service to those needing it.

In addition to the Health Committee which meets quarterly, there are three Area Health, Nursing and Mental Health Sub-Committees, and an Ambulance Sub-Committee. On all these Committees, in addition to County Council members, there are representatives of District Councils, statutory bodies and voluntary organisations. There is also a Health (General Purposes) Sub-Committee and urgent matters requiring attention between meetings of the Health Committee are referred to this Sub-Committee.

The County Medical Officer advises the Children's Department and the Welfare Department on all medical matters affecting their work.

The Health Department also carries out medical examination of all employees on initial employment and subsequently after illness of over four weeks in certain cases where the medical evidence for continued absence is inadequate or the employee has had frequent absences in the past.

The practice of examining employees off work for long periods is operated as a modified form of an Industrial Health Service and in this way we work closely with General Practitioners and Hospital Staff. Very often we are able to help employees to obtain health services as well as checking their continued absences from work.

It should be pointed out that all employees joining the County Council and Education Staff, in addition to a medical examination, also have a chest x-ray examination unless they have had an x-ray

examination in the previous eighteen months. This policy is an extension of the Ministry of Health's recommendation that employees coming into regular contact with children should have a chest x-ray on commencing such work and subsequently at the discretion of the authority.

The County Medical Officer also carries out the special medical examinations of candidates entering the Police Force and Fire Service, and any subsequent examinations to ensure that Police and Firemen are fit for their special duties. The County Medical Officer and his staff also carry out work for the Road Fund Licensing Committee. The work entails the medical examination of persons who apply for Driving Licences and there is some doubt as to their fitness to hold full licences. Often, in addition to medical examinations, this work entails the obtaining of reports from Consultants and from Hospitals. Each case referred to the Department entails a considerable amount of work, as most of the applicants have a right to appeal against decisions and therefore it is necessary for all investigations which may be desirable in coming to a decision as to fitness to drive, to be carried out before a final recommendation is made to the Road Fund Committee.

Voluntary Organisations: Flintshire is fortunate in having several active Voluntary Organisations which render valuable service to the public and help the Health Department in carrying out its duties. I would again like to thank the Child Welfare Voluntary Committees for their valuable and loyal service during the year. Many of the Committees have given items to the Clinics which they are concerned with, or money to purchase various additional items of equipment for the Clinics. The Committees also help individual mothers in need and make available at reduced cost fireguards for use in homes with small children.

During the year the Flintshire Branch of the National Society for Mentally Handicapped Children continued to give valuable service for those attending the Junior Training Centre at Tirionfa, those attending the Adult Training Centre at Greenfield and parents of mentally handicapped children at home.

The County Medical Officer administers two funds to which money is contributed by individuals and various Voluntary Organisations, one fund is to help the physically handicapped and the other to help mentally disordered - both subnormal and the mentally ill.

The Area Voluntary Committees cover the same areas as the Area Health Committees. On these Area Health Committees all voluntary bodies are represented, as well as members of the statutory bodies in the area concerned. These bodies meet regularly and information is given to them about statutory services available and they, in turn, are able to offer help to the various departments of the County Council according to the facilities and staff in the respective districts. It is hoped, in time, that still closer working relations can be established through the Area Committees, between voluntary bodies and the Health Department, particularly as the Voluntary Organisations become more and more aware of the needs of the Health Department in their respective districts.

I would like, in particular, to pay tribute to the work done by the Chester and District Marriage Guidance Society during 1965, the Women's Voluntary Service, the British Red Cross Society, St. John's Ambulance Brigade and the St. Asaph Diocesan Moral Welfare Association.

CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers - During the year, the "combined" Ante-Natal Clinics, established at Connah's Quay, Holywell, Mold, Prestatyn and Rhyl, continued to function. The clinics are held at County Clinics and are staffed by the hospital medical staff and midwives from the hospital and the county.

It is pleasing to record that attendance at these ante-natal clinics has shown a marked increase in the past few years and that the clinics are used by general practitioners for screening mothers for selection of hospital cases and for consultation when any abnormalities occur.

It will be noted that attendances at the ante-natal clinics increased during the year to a total of 1,475 new mothers and 5,494 attendances and this excludes 623 post-natal attendances. For the convenience of mothers an appointment system is now being gradually introduced at all the clinics. The basis of this is that new cases attend at the commencement of the session mainly by appointment (some come without appointment being referred by their general practitioner at short notice because of suspected obstetric abnormality). Mothers attending as subsequent cases come later in the session, all

by appointment arranged at the prior clinic. This system will take some time to settle down but it is appreciated by the expectant mothers and does mean much less waiting at the clinics.

Facilities are available at these combined clinics for full ante-natal examination and all usual investigations are carried out. There are adequate facilities for the mothers to be interviewed privately, to undress and for waiting prior to seeing the doctor. Blood samples are taken from each mother for Rh. factor, grouping and haemoglobin. At each visit to the clinic urine is tested, blood pressure taken and the patient weighed. Further investigations such as chest x-ray, etc., are arranged if found necessary at routine ante-natal examination.

Post-natal examinations are also carried out at ante-natal clinics and it will be seen that 622 mothers attended for post-natal examinations during the year. This is not the total who had post-natal examinations carried out as many were done by General Practitioners as part of their obstetric care of their patients and these figures are not included in the above total.

Gradually the County Council ante-natal clinics are being converted into mothercraft clinics at centres where combined clinics are not held. These mothercraft clinics are educational clinics for mothers, are attended by midwives and health visitors and are open to mothers booked for hospital or home confinement. Mothercraft classes or clinics have now been established at Buckley, Holywell, Rhyl, Caergwrle, Flint, Shotton, Mold, Mancot, Prestatyn and Greenfield.

I would like to thank Mr. Parry-Jones and Mr. Whitehouse, the Consultant Obstetrician and Gynaecologist for the Clwyd and Deeside Hospital Management Committee and Wrexham, Powys and Mawddach Hospital Management Committee areas, for their help and co-operation during the year in providing very excellent consultant ante-natal cover for the whole County.

Attendances at ante-natal clinics have been well maintained during the year, and Table 8 gives the figures for 1965 in this respect.

The Family Planning Clinic at Flint operated by The Family Planning Association continued to function during the year. The clinic is held weekly at the County Clinic, Flint. During 1965, fifty-one sessions were held and 101 new patients and, in all 426 patients

sought advice, 84 cytological smears were taken.

The Family Planning Association also continued to operate a Family Planning Clinic in Rhyl. This is held in the County Clinic, Fforddlas, Rhyl on Wednesdays between 7.0 and 8.30 p.m. During 1965 a total number of 305 patients attended, 95 cytological smears were taken.

Very hard working bodies of voluntary helpers run the above clinics and they are also attended by a doctor and nurse, both trained by the Family Planning Association. Valuable help and advice is given at the clinics also to women with problems of sub-fertility or marital difficulties and advice is given also to young persons before marriage.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at the Health Department, clinics, and the homes of midwives. During 1965, 325 outfits were issued compared with 398 in 1964.

Table 8

ANTE-NATAL CLINICS, 1965

	Holywell	Connah's Quay	Mold	Prestatyn	Rhyl	Totals
A - ANTE-NATAL CASES						
1. Number of sessions (i.e., number of times Clinic opened during the year) when :-						
(a) A Medical Officer was in attendance	-	-	-	-	-	-
(b) A Midwife was in attendance	-	-	-	-	-	-
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-	-
(d) Hospital Medical Staff in attendance	52	52	49	27	48	228
(e) Total sessions	52	52	49	27	48	228
2. Number of patients attending for the first time this year	390	428	205	81	371	1475
3. Total attendances	1595	1215	1100	198	1386	5494
B - POST-NATAL CASES						
1. Number of sessions (i.e., number of times Clinic opened during the year) when :-						
(a) A Medical Officer was in attendance	-	-	-	-	-	-
(b) A Midwife was in attendance	-	-	-	-	-	-
(c) A General Practitioner employed by Local Health Authority on a sessional basis was in attendance	-	-	-	-	-	-
(d) Hospital Medical Staff in attendance	52	40	49	27	48	216
(e) Total sessions	52	40	49	27	48	216
2. Number of patients attending for the first time this year	188	77	113	42	202	622
3. Total attendances	188	77	114	42	202	623

NOTE - Clinics held at Connah's Quay, Holywell, Mold, Prestatyn and Rhyl are combined with the Hospital Consultant Clinics. The Mancot Clinic was transferred to Connah's Quay on 4th August, 1965.

Table 9

MOTHER AND BABY HOMES (i.e., Homes or Hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel	Number of Beds				Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in Col. (6) for which the authority was responsible.	Average length of stay	
	Total beds excl. mat. and lab. and cots)	Mat. (excl. lab. and isolation)	Labour beds	Cots			Ante-natal	Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(a) Provided by the Authority :- Bersham Hall - used jointly by the North Wales Counties of Anglesey, Caernarvon, Denbigh, Flint, Merioneth and Montgomery, and administered by the C.M.O., Denbighshire.	18	-	1	12	62 (i.e., Total admissions from all Authorities)	22 (Flintshire Cases)	33 days	22 days
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Sec. 22(1) or to which the Authority make payment under Sec. 22(5)	-	-	-	-	-	-	-	-
(c) Number of cases sent by the Authority during the year to homes other than those mentioned in (a) and (b) above, payment being made on an "ad hoc" basis:-								
					(1) Expectant Mothers	3		
					(2) Post-Natal Cases	-		

These figures
relate to Flintshire cases only

Child Welfare: Child Welfare Clinics or Well Baby Clinics continued to serve a valuable function in our service for the care of mothers and babies. At these Clinics, the majority of mothers in the County attend regularly, and attendances during 1965 showed an increase on the very satisfactory attendances in previous years. The main purpose of the Clinics still remains the giving of expert advice on the management and care of babies and children under schoolage.

As more and more selective visiting is now done by Health Visitors throughout the County it becomes more important that mothers do attend Child Welfare Clinics so that advice can be given on the many problems of management and handling that young mothers are faced with. If the mothers receive regular advice on management and care in the early stages of their difficulties, these can usually be easily resolved. If expert advice is not readily available in the early stages, the problems have a habit of growing and getting out of proportion, and taking much longer to resolve during the later stages, quite apart from the anxiety to the mother and the whole family.

Certain infants require closer supervision than others, and these are referred to as "Children at Risk." In this group are -

- (a) Premature infants:
- (b) Children with haemolytic disease of the new born;
- (c) Children with congenital abnormalities;
- (d) Babies following difficult births:
- (e) Babies born to mothers with a history of virus infection.

The home visiting cards of these babies are marked with a distinctive mark to ensure more frequent supervision and follow up. They are all reviewed every year and if special supervision is no longer necessary the distinctive mark is removed from their home visiting card.

As in previous years, a considerable proportion of the immunisation and vaccination of infants in the County is carried out at Child Welfare Clinics. It is estimated that a little over 50% of all immunisation and vaccination done in the County is carried out at Clinics, the remainder being carried out by General Practitioners in their own surgeries.

With the employment of more Clinic Nurses at Child Welfare Clinics throughout the County, Health Visitors have more time to carry out valuable health education work at Clinics. The extra time available to Health Visitors for this work is very much appreciated

and serves a very useful purpose at all the main Centres.

At two Centres in the County a Consultant Paediatrician attends to deal with babies referred to her by General Practitioners or Clinic Doctors, whose advice and help is required which may not necessitate special investigation or hospital admission.

In addition to static Clinics, the Authority also operates a Mobile Clinic at seven Centres in the rural parts of the County. The Mobile Clinic attends each location every two weeks, and a Doctor and Health Visitor attend each time. The Mobile Clinic is an all-purpose Clinic, and undertakes all forms of work at each visit. Infant work, schoolchildren, immunisation, ante-natal examinations and medical examinations of employees.

Clinics are planned for the future at areas where development is now taking place, but these were not scheduled in our original clinic programme which was prepared five years ago. With the increase in population in the Rhyl area, a second Clinic was opened in 1965. This serves the developing area on the eastern side of Rhyl and the adjoining western half of Prestatyn, where a considerable number of new houses and bungalows have been built, and the new Clinic will provide all the facilities found in our bigger Clinics, in addition to facilities for Child Guidance, Home Visitors for the Handicapped, and the Area Mental Welfare Officer. In the coming years this new Clinic in the eastern sector of Rhyl will serve as the Sub-Centre for the western area of the County already referred to.

During 1965, more and more toddlers were encouraged to attend Child Welfare Centres and at some of the Clinics special facilities have been provided for toddlers, and separate sessions held for them. It is hoped in this way to discover defects which occur during the pre-school years early, and so reduce the total number of defects found in children on school entry at the age of five.

Mothers Clubs have now been established at Bagillt, Broughton, Caergwrle, Prestatyn and Rhyl. The Clinic premises were made available to mothers in these areas to meet once a week and to bring with them their toddlers. No doctor or Nurse attended regularly. The primary function of the Centre is to enable mothers new to the district to meet others, and to discuss problems in common in relation to child care and to other matters quite apart from child care and welfare. Health Visitors and other members of the Health Department. Staff attend on request to give talks on the problems which concern the mothers and to advise on health matters in general. The Clubs will be run by the mothers themselves, and the nature of the activities

will depend largely on their needs in the particular locality in which the Club is situated.

The Child Welfare Services continue to form an integral part of the National Health Service, meeting a need in providing help and advice to mothers on the care and management of babies and toddlers, and working closely with General Practitioners and Hospital Staff.

Care of Premature Infants: During the year under review the number of premature live births which occurred at home or in a nursing home was 6.

Of the 6 births at home and in nursing homes 4 were nursed entirely at home and 2 were transferred to hospital. Both of those who were born at home and who were transferred to hospital survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, H.M. Stanley Hospital, St. Asaph, and the Maelor General Hospital, Wrexham, has always been good, and admission of cases readily obtained.

The Maternity Departments at the above three Hospitals have premature baby nurseries with specially trained staff. Premature babies born on the district are transferred into these Units in special incubators which are picked up at the Hospitals and conveyed in the County ambulances to the Home, and then the baby is transferred to the Unit accompanied by a Nurse from the premature baby nursery.

Premature babies born in Hospital or on a district and later transferred to Hospital are not discharged home until a report on the home conditions has been sent to the Hospital by the Health Visitor for the area concerned. This report on the home conditions serves two purposes:-

1. To make sure that the home is suitable for the discharge of the baby; and
2. To inform the Health Visitor when the baby is being discharged so that adequate follow-up and advice can be given during the crucial first days or weeks that a premature baby is being cared for at home, and this is particularly important during the colder months of the year.

Supply of Dried Milk, etc.: At each Centre members of the Voluntary Committee arrange for the purchase and sale of certain proprietary dried milk and other foods.

A meeting is held each year with representatives of all the voluntary workers from the various Clinics to discuss with them the range of foods to be kept at Centres and to be made available for infants and expectant mothers. The range of foods kept at Welfare Centres have been extended to include special foods for the aged, particularly foods that will help maintain health where diet is inadequate. All foods sold at Welfare Centres are sold at special Welfare Centre rates and many of them are packed in special Welfare containers. A request is also made to voluntary workers at Centres not to keep a bigger range of products than is asked for by mothers of infants, expectant mothers or likely to be requested by old people. In this way competition with chemists and other stores is avoided.

DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946, Section 22
	Premises Registered at end of year		Daily Minders Registered at end of year.	Daily Minders receiving fees from the Authority at end of year.
	Factory (1)	Other Nurseries (2)		
Number	-	2	3	-
Number of Places (Cols. (1) and (2)) and number of children minded at end of year (Col. (4))	-	55		-

Table 10 (a)
CHILD WELFARE CLINICS

Year:	1958	1959	1960	1961	1962	1963	1964	1965
Number of Registered Live Births	2389	2354	2588	2715	2653	2781	3007	2929
Children who attended during the year and who, at the end of the year, were:-								
(a) Under 1 year of age	1623	2566	2261	1864	1844	1871	2045	2199
(b) Between 1 - 5 years	2517	2711	1967	2527	3165	2894	3080	2950
Total attendances	33240	35628	31708	34056	33623	32556	38947	42378

Table 10 (b)

CHILD WELFARE CENTRES 1965

(see also Table 10(c) for Centres held in Mobile Clinic)

DESCRIPTION	Bagillt	Bodelwyddan	Broughton	Buckley	Caerwys	Caerwys	Flint	Greenfield	Holywell	Mancot and Pentre	Mold	Mostyn	Mynydd Isa	Penley	Prestafyn	Rhyl (Fordd las)	Rhyl (Mercier House)	St. Asaph	Salney	Sealand	Shotton	TOTALS
1. Number of Sessions held by :-																						
(a) Medical Officers	22	22	23	24	24	-	22	24	24	24	24	23	13	11	23	24	20	24	23	23	23	476
(b) Health Visitors (without Doctor)	28	-	28	24	24	24	28	26	11	27	27	-	11	-	28	27	24	-	27	27	27	466
(c) General Practitioners employed by Local Health Authority on Sessional basis,	-	-	-	-	-	-	-	-	-	-	-	-	-	11	-	-	-	-	-	-	-	11
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) Total Sessions	50	22	51	48	48	24	50	50	23	51	51	23	24	22	51	51	44	24	50	50	50	953
2. Number of Infants who attended and who were born:-																						
(a) 1965	46	44	60	174	93	10	176	131	70	21	135	29	66	48	122	130	94	61	57	68	147	1994
(b) 1964	38	51	59	113	49	20	42	147	19	12	68	12	65	39	145	78	19	52	70	73	91	1417
(c) 1960-63	30	67	80	61	38	9	59	90	19	35	132	7	25	64	106	32	27	68	74	58	33	1186
3. Total attendances by all children under 5 years of age.	1664	672	1840	2900	2774	258	3217	2487	1116	308	3218	339	768	772	1856	1658	1002	874	2033	1536	3495	38302
4. Number of children seen by a Doctor at the Centre:-																						
(a) For the first time since birth	11	57	55	111	53	-	175	78	52	14	49	54	119	29	67	106	81	76	62	37	149	1584
(b) Subsequent interviews	312	140	284	436	333	-	647	156	311	103	233	582	620	170	112	315	155	146	366	412	665	6853
5. Number of children under 5 years of age referred to general medical practitioners or specialist for special treatment or advice after medical examination.																						
6. Number of children "AT RISK" at the END OF THE YEAR - (See definition of "at risk" in note * below).	6	13	-	-	2	-	6	4	-	3	7	10	5	1	-	8	1	7	-	1	11	102
	32	16	15	24	12	45	36	32	3	8	16	9	26	19	36	1	46	113	6	15	24	576

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc. First session held at Mercier House Clinic - Rhyl on 16th February, 1965

Table 10 (c)
MOBILE (CHILD WELFARE) CLINICS - 1965

DESCRIPTION	Dyserth	Ewloe	Ffynnon-groew	Halkyn	Leeswood	Peny-ffordd	Rhuddlan	TOTALS
1. Number of Sessions held by:-								
(a) Medical Officers	22	-	23	22	-	22	23	112
(b) Health Visitors (without Doctor)	-	-	-	1	-	2	-	3
(c) General Practitioners employed by Local Health Authority on sessional basis	-	23	-	-	23	-	-	46
(d) Hospital Medical Staff	-	-	-	-	-	-	-	-
(e) Total Sessions	22	23	23	23	23	24	23	161
2. Number of Infants who attended during the year, and who were born in:-								
(a) 1965	25	31	19	43	30	32	25	205
(b) 1964	38	15	26	46	14	13	48	200
(c) 1960 to 1963	34	18	20	14	22	22	17	147
3. Total attendances by all children under 5 years of age.	408	639	415	569	547	726	772	4076
4. Number of children seen by a Doctor at the Centre:-								
(a) For the first time since birth	34	23	34	43	30	36	37	237
(b) Subsequent interviews	282	250	210	183	110	244	384	1663
5. Number of children under 5 years of age referred to General Medical Practitioner or Specialist for special treatment or advice after medical examination.	4	4	7	9	1	1	8	34
6. Number of children "AT RISK" at the end of the year - see definition of "at risk" in note * below.	7	3	18	39	6	25	28	126

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc.

Ø Leeswood Mobile Clinic was transferred to static premises on 13th August, 1965.

Table 10 (d)
CHILD WELFARE CENTRES
SUMMARY OF TABLES 10 (b) AND 10 (c)

DESCRIPTION	Total Fixed Clinics	Total Mobile Clinics	Grand Total
1. Number of Sessions held by:-			
(a) Medical Officers	476	112	588
(b) Health Visitors (without Doctor)	466	3	469
(c) General Practitioners employed by Local Health Authority on sessional basis	11	46	57
(d) Hospital Medical Staff	-	-	-
(e) Total sessions	953	161	1114
2. Number of infants who attended and who were born:-			
(a) 1965	1994	205	2199
(b) 1964	1417	200	1617
(c) 1960 to 1963	1186	147	1333
3. Total attendances by all children under 5 years of age	38302	4076	42378
4. Number of children seen by a Doctor at the Centre:-			
(a) For the first time since birth	1584	237	1821
(b) Subsequent interviews	6853	1663	8516
5. Number of children under 5 years of age referred to General Medical Practitioners or Specialist for special treatment or advice after medical examination	102	34	136
6. Number of children "at risk" * at the end of the year	576	126	702

* "AT RISK" cases include such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in mother, etc.

WELFARE FOODS SERVICE - The distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin tablets and Orange Juice, has again been carried out successfully during the year with the continued co-operation of the Women's Voluntary Service, Women's Institutes, Welfare Centre Voluntary Committees and Village Shopkeepers.

It will be noted from previous annual reports that the amounts of Government Welfare Foods sold each year have steadily declined. This year, again, the amount of National Dried Milk sold shows a marked drop on 1964. The amount of Cod Liver Oil, liquid and tablets, remained about the same as in previous years but again at a generally low level. The amount of concentrated Orange Juice sold also remained about the same as in 1964, and at a higher level. We know from reports received that much of the concentrated Orange Juice is purchased not specifically for infants but because it makes a pleasant drink for older children and adults and this is borne out by the high sales in summer and the low sales in winter.

I feel that the time has been reached when we could discontinue handling and selling Government Welfare Foods and deal only with the various proprietary brands which are now freely available. I make this recommendation because the public choose proprietary brands, the sales of Government Foods are declining steadily yet the cost of handling and distribution remains the same about £1,500. annually. Handling two types of foods in clinics is very wasteful of time and money and we should now discontinue the Government Foods which were introduced as a wartime measure and have outlived their usefulness or purpose.

Storage Depot: An emergency supply is kept at the Ambulance Station, Rhyl, but the main depot is at the New Ambulance Headquarters, Mold, the administrative office also being at the latter address.

Supplies: Supplies of Welfare Foods were ordered from Messrs. S.P.D. Ltd., of Liverpool, Llandudno Junction, and Newcastle under Lyme and direct deliveries are made as follows:-

	Liverpool	Llandudno Junction	Newcastle under-Lyme
Mold Depot	1	-	-
Clinics	2	-	-
Shops	3	5	1

The remaining centres are supplied from the Authority's Storage Depot at Mold. Clinics ... 28

Transport: Deliveries are made from the Storage Depot by the vehicle which is used to tow the Mobile Clinic. Any emergency requirements are delivered by the Welfare Foods Clerk in her car.

Food distributed: Issued to beneficiaries and losses through breakages etc., during the year were as follows:-

	National Dried Milk	Cod Liver Oil	Vitamin Tablets	Orange Juice
Issued against coupons	13115	2211	1816	25659
Issued to Hospitals	27	-	-	180
Issued at 4/- per tin	2422	-	-	-
	15564	2211	1816	25839
Out of date, damaged etc.	219	-	-	-
Sent for analysis	-	-	-	-
Losses through breakages	5	18	26	273
	15788	2229	1842	26112

Summary of Coupons, Cash and Stamps:

	Issued	Charge		Amount Due			Amount Received		
		s.	d.	£	s.	d.	£	s.	d.
N.D.M.									
(a) By stamps	166	2	4	19	7	4	19	7	4
(b) By cash	12379	2	4	1444	4	4	1444	4	4
(c) Free	570	-	-	-	-	-	-	-	-
(d) By cash	2422	4	0	484	8	0	484	8	0
C.L.O.									
(a) Free	136	-	-	-	-	-	-	-	-
(b) By cash	2073	1	0	103	13	0	103	13	0
A. & D.									
(a) Free	14	-	-	-	-	-	-	-	-
(b) By cash	1801	-	6	45	0	6	45	0	6
O.J.									
(a) Free	652	-	-	-	-	-	-	-	-
(b) By cash	25407	1	6	1875	10	6	1875	10	6
TOTAL CASH				3972	3	8	3972	3	8

Dental Care: The County Council has a duty to provide dental treatment for expectant mothers and children under 5 years of age - as these two groups are "priority groups"

At the end of the year one Principal Dental Officer, four full-time Dental Officers and two part-time (sessional) Dental Officers were employed.

Treatment was given to a limited number of persons in the priority groups - particularly so to children under 5 years of age.

The following table gives information as to the dental care and treatment given to children under 5 years and to expectant mothers during the year.

DENTAL CARE AND TREATMENT OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE

A - NUMBERS PROVIDED WITH DENTAL CARE:

	Examined	No. who commenced treatment during year	No. of courses of treatment completed during year
Expectant and Nursing Mothers	181	155	129
Children under Five	502	420	308

B - FORMS OF DENTAL TREATMENT PROVIDED:

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics.	DENTURES PROVIDED		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	29	151	-	1	347	75	26	28	8
Children under Five	15	528	47	-	467	241	-	-	-

Total number of sessions (i. e., equivalent complete half days devoted to maternity and child welfare patients during the year ... 190

DOMICILIARY MIDWIFERY

During 1965, the number of domiciliary confinements was 10.85% of the total compared with 13.13% in 1964. The means that 89.15% of confinements take place in hospital or maternity homes which is considerably higher than the 70% recommended by the Cranbrook Committee. Of the institutional confinements, 77.3% were discharged before the 10th day and the majority of these on the 2nd and 3rd day.

During the year, we looked again at the whole question of early discharge of mothers and babies from maternity hospitals. It was agreed that early discharge would not apply to maternity homes which are General Practitioner maternity units and to where cases suitable for home confinement would be admitted and kept usually for seven days or more. In regard to cases booked for maternity hospitals it was agreed that a Home Circumstances Report be made by the midwife in each case and not on cases selected for early discharge. This would ensure that all cases were visited and where a sudden demand on beds arose the home circumstances would be known to the staff. It also meant that the domiciliary midwife would know of all the pregnant women on her district and could keep in touch with them and offer help and advice and be known to mothers likely to come home early for maternity nursing care. The new procedure came into operation during the last three months of the year and was working smoothly at the end of 1965.

In addition to midwifery work the midwives also attend antenatal clinics at county premises or general practitioner surgeries, attend mothercraft clinics and it must be remembered that all the midwives also do general nursing on their area, working in pairs throughout the county.

Regular staff meetings were held during the year and staff attended various nationally organised refresher courses. New equipment and nursing techniques were introduced and more disposable equipment was made available to midwives for midwifery purposes and general nursing. One of the most pressing problems in domiciliary midwifery and district nursing is keeping staff up to date with techniques, drugs and procedures. This is partly the responsibility of individual midwives and nurses, but also partly the responsibility of the Local Health Authority. We find that attendance at approved refresher courses helps greatly and midwives are asked to give a brief resume of any new knowledge picked up at these courses at staff meetings and in this way other staff are kept up to date with changes in midwifery and nursing work.

At the end of the year, four Senior Nurse/Midwives were employed, each covering a specified area. Each Senior Nurse/Midwife has been recruited from our existing experienced Queen's Nurses and in this way know the area well and the Nurses and Midwives working in each area. The senior nurse/midwives are now playing an important function in the County midwifery and nursing services by dealing with many of the day to day midwifery and nursing problems, helping with distribution of equipment, assisting with home nursing equipment on loan and by liaison with the County Nursing Officer.

A report from the County Supervisor of Midwives for the year 1965 is given below:-

MIDWIFERY SERVICE

At the end of 1965, thirty-eight domiciliary Midwives were employed by the County Council and have practised midwifery during the year. Three part-time Midwives have been employed from time to time. There have been four resignations. One of these has retired after thirty-seven years service, two have resigned for domestic reasons and the other is taking a Health Visitor's Course of Training in Liverpool.

There have been five District Nurse/Midwives appointed during the year and three District Nurse/Midwives have been transferred to another District within the County. On December 31st, 1965, there were two vacancies, one in the Saltney/Broughton Area and one in Leeswood.

Post Graduate Courses have been attended by Midwives. These included a half day Study Day arranged by the Royal College of Midwives, Flintshire Branch, in H.M. Stanley Hospital, St. Asaph. Six Midwives attended a Post Graduate Course in accordance with the Central Midwives Board, Rule G.1.

Eleven pupil Midwives have taken their part two district training in this County by arrangement with H.M. Stanley Hospital, St. Asaph. Four lectures have been given to pupil Midwives in the Hospital and each Pupil Midwife has been visited, when records and practical work has been seen. 10.9% only of all confinements in Flintshire are attended by domiciliary Midwives in the Mothers own home. 77.3% of all mothers confined in Hospital and who live in Flintshire, have been discharged to their own homes before the tenth day. These have been attended by the domiciliary Midwives.

Each domiciliary Midwife has been visited during the year for the purpose of seeing practical work and for examination of records. In all, one hundred and fifty-four visits have been made for this purpose. In accordance with the rules of the Central Midwives Board, seven visits have been paid to maternity Hospitals. Forty-eight Midwives working in Hospitals have notified their intention to practise during 1965.

The ante-natal Clinics and Mother Craft classes have been visited regularly. Ten Mother Craft classes are held in different parts of the County. Three hundred and four mothers have attended these classes, making an attendance of one thousand, two hundred and forty-seven. Any mother can attend, whether she is having her baby at home or in Hospital. They are given instruction, but clinical examination of the mother is not carried out. The maintenance of these classes has been due to the interest and work of the four senior Nurses and the co-operation of the Midwives and Health Visitors concerned. The attendances at the Mother Craft classes are as follows:-

Clinic		Sessions	New Cases	Attendances
Buckley	..	24	22	60
Caergwrle	..	12	7	20
Flint	..	50	28	181
Greenfield	..	35	18	61
Holywell	..	22	25	63
Mancot	..	45	49	235
Mold	..	25	50	203
Prestatyn	..	27	24	53
Rhyl	..	51	54	245
Shotton	..	38	28	126

Our efforts to re-establish Mother Craft classes at Broughton, Penley and Saltney have not been successful.

Midwives continue to attend the five domiciliary and hospital ante-natal clinics. These are attended by consultant obstetricians. Several midwives also attend ante-natal clinics arranged by general practitioners in their own surgeries.

The following Central Midwives Board notifications have been received:-

(a) **From domiciliary midwives:-**

Puerperal Pyrexia	0
Medical Aids	20
Liable to be a source of infection	4
Ophthalmia Neonatorum	1
Neo-Natal Deaths	1
Still Births	4

(b) **From the maternity homes:-**

Puerperal Pyrexia	3
Medical Aids	10
Liable to be a source of infection	0
Ophthalmia Neonatorum	6
Neo-Natal Deaths	1
Still Births	3

There are six area relief nurses in the County assisted by three relief nurses. These have given adequate cover for holidays, off duty and periods of sick leave. Where there has been a vacancy for a long period of sick leave part-time nurses have been employed.

I wish to express my appreciation for the co-operation of midwives throughout the County and the help given by the Health Department.

L. MANN

Duty as Local Supervising Authority: It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the Authority or by Hospital Management Committees, or are engaged in private practice.

Table 12 shows the number of midwives who were in domiciliary practice in the area on 31st December, 1965.

Table 11

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES
DURING 1965

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other in- stitutions but discharged and attended by domiciliary mid- wives before tenth day.
Doctor not booked	Doctor booked	Total	
(1)	(2)	(3)	(4)
12	307	319	2027

Table 12

DOMICILIARY MIDWIVES IN PRACTICE ON 31st DECEMBER, 1965

	Domiciliary Midwives	Total
(a) Midwives employed by the Authority	38	38
(b) Midwives employed by Vol- untary Organisations:-		
(i) Under arrangement with the Local Health Authority in pur- suance of Section 23 of the National Health Service Act, 1946.	-	-
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Ser- vice Act)	-	-
(c) Midwives in Private Practice (in- cluding Midwives employed in Nursing Homes)	-	-
TOTAL	38	38

NOTIFICATION OF BIRTHS

The actual number of births notified in the County during the year under Section 203 of the Public Health Act, 1936, and the number as adjusted by transferred notifications were as follows:-

Table 13

	Live Births Adjusted	Stillbirths Adjusted	Total Births Adjusted
Domiciliary	315	4	319
Institutional	2583	38	2621
TOTAL	2898	42	2940

It will be noted by reference to page 29 that the adjusted figures show that this is 31 live births more and 9 stillbirths less than the total of live and stillbirths received in the returns from the Registrar-General.

NURSING HOMES

There was no change during the year in the number of nursing homes registered with the Authority under the Public Health Act of 1936. All nursing homes were regularly visited by the County Nursing Officer during the year and minor defects and improvements were dealt with promptly by all persons in charge. We had no occasion to exercise our powers under the Nursing Homes Act, 1963, to compel owners to execute works within a specified period.

As mentioned in previous reports more and more of the patients admitted to nursing homes now are aged persons mobile enough to care for themselves and needing varying degree of nursing care. In recent years some persons seeking registration have been advised to seek registration under Section 37 of the National Assistance Act for the care of the aged as the need for this type of case far exceeds the care for full nursing home accommodation.

At the end of 1965, 12 persons were registered under Section 37 of the National Assistance Act accommodating in all 135 aged persons and visited and supervised by the County Welfare Officer.

In addition there is one home provided by the National Association for Mental Health which is registered under Section 37 of the National Assistance Act and provides accommodation for thirty-two mentally-subnormal patients for one week at a time. Such patients are usually admitted from hospitals or training centres.

The position concerning Nursing Homes in the County is given below:-

**Return of work done by the Authority under Registration
of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936)**

	Number of Homes	Number of beds provided for:		
		Maternity	Other	Totals
Homes registered during the year	-	-	-	-
Homes whose registrations were withdrawn during the year	-	-	-	-
Homes on the register at the end of the year	5	-	66	66

Table 14

HEALTH VISITING

Cases visited by Health Visitors	No. of cases
1. Children born in 1965	2991
2. Children born in 1964	2377
3. Children born in 1960-63	6446
4. Total number of children in lines 1 - 3	11814
5. Persons aged 65 or over	1411
6. Number included in line 5 who were visited at the special request of a G.P. or hospital	309
7. Mentally disordered persons	237
8. Number included in line 7 who were visited at the special request of a G.P. or hospital	22
9. Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	212
10. Number included in line 9 who were visited at the special request of a G.P. or hospital	147
11. Number of tuberculous households visited	28
12. Number of households visited on account of other infectious diseases	138
13. Number of tuberculous households visited by Visitors for Chest Diseases	475

In addition to the above, the work of the Health Visitors for the year under report included:-

Number of expectant mothers visited	660
Number of handicapped persons visited	234
Clinics, excluding School Clinics:	
Half-days	1455
Evening sessions	38
Mothercraft Classes attended	59
Talks to groups:-	
In Clinics	230
Elsewhere	75
Interviews with:-	
General Medical Practitioners	876
Social Workers	1282
Others, parents, etc.	2083
Total of all visits for the year	57251

During 1965, Health Visitors continued to do combined duties as Health Visitors and School Nurses. At the end of the year twenty one Health Visitors were employed on combined duties and two Visitors for Chest Diseases. Two of the Health Visitors are designated Senior Health Visitors and based at Rhyl and Mold respectively. They deal with day to day problems in the Eastern and Western sectors of the County, working with the Superintendent Health Visitor.

The Superintendent Health Visitor is also Home Help Organiser and although this places a great deal of responsibility on one person it does mean close co-operation between the Health Visitor and Home Help Service.

Apart from the two Visitors for Chest Diseases the Authority does not employ specialist Health Visitors, i.e., Health Visitors who work with certain groups of persons or illnesses only. A partial exception being one Health Visitor who is a part-time Health Education Officer.

One of the Health Visitors is fully attached to a group practice in the Holywell area. The Scheme has opened up a new field of Medico-Social work and families are considered as a unit with many factors influencing their health and happiness.

In another group practice arrangements have been made for two Health Visitors in the area to call in daily at a fixed time to discuss problems in the practice of common interest. Two other Health Visitors call regularly each week at one of the surgeries to meet the General Practitioners.

Already these schemes of closer liaison with General Practitioners have aroused considerable interest amongst other Practitioners and even though no immediate plans have been made to integrate other Health Visitors into practices closer liaison has been established in several areas by the establishment of more direct regular contact between General Practitioners and Health Visitors.

Clinic Nurses continued to work at the main clinics on a sessional basis, and during the year two were appointed to full-time duties in Holywell and Rhyl respectively. The clinic nurses have assisted the Health Visitors with School Hygiene, Inspection and vision tests in schools, and also they have been present at some School Medical Inspections. Their help with the B.C.G. programme has been much appreciated.

Both in the field of health visiting and school nursing, Health Visitors are being relieved of the more routine aspects of their duties to enable them to concentrate on more important work which their training has qualified them to carry out. Even the pattern of home visiting has changed greatly with the introduction of selective visiting of infants and better attendance of mothers at clinics. Health Visitors are now able to give more time to the aged in need of care, the handicapped, families in social difficulties and after-care of persons who have had some form of illness and require help prior to return to full or modified work.

One of the main issues that needs further development is that of contact and communication between Hospitals, General Practitioners and Health Visitors. This is very largely a matter which depends on the interest and initiative of the Health Visitor and cannot be imposed from above. Advice and help can be given in methods of co-operation but Health Visitors must see the need for co-operation and the valuable part it plays in helping patients to meet their problems and needs. Progress in this field initiated by Health Visitors themselves would be a valuable contribution to removing the invisible barriers between the three branches of the health service.

Fortunately, the statutory duties of the Health Visitors as outlined in Section 24 of the National Health Service Act, 1946, are such

that they can cover all "illness" which includes mental illness, injury or physical disability.

If one couples with these duties the work that can be undertaken in the field of social advice and education it becomes plain that there is great scope for useful and satisfying work - provided always that Health Visitors keep abreast of the changes in the medical and social services and are prepared to deal with the more demanding aspects of the duties and delegate to others the more routine and traditional aspects of their work.

SUPERINTENDENT HEALTH VISITORS REPORT FOR 1965.

Visits to Child Welfare Centres	...	...	...	122
Visits to School Clinics	...	...	...	12
Visits to other clinic sessions	...	...	...	14
Visits to Hospitals and Homes for the Aged	...			9
Number of interviews with Health Visitors, Visitors for Chest Diseases, Clinic Nurses and Home Visitors for the Handicapped			...	864
Other interviews	...	...	...	152
Health Education:				
Talks to Voluntary Groups	...	...	...	33
Films and talks for school children	...	...	...	9
Lecture to Queen's Institute of District Nursing Students	...	...	...	5
Handicapped Persons:				
Visits to Social Centres	...	...	...	6
Exhibitions for Handicapped Persons	...	...	...	2
Visits to holiday centre for Handicapped Persons				14

Health Visitors are becoming more concerned each year in the care of the aged at home. This work to be effective means working with others vitally concerned in the same field of work, family doctors, welfare officers, consultant geriatrician and hospital social workers. We have taken every opportunity during the year to increase the availability of health visitors for this important work and we have given this work a high degree of priority. Health Visitors meet family doctors frequently to discuss problems relating to the aged and we also have good liaison with the consultant geriatrician and the County Welfare officer and his Staff. The Medico - Social Workers in the hospitals have co-operated with Health Visitors particularly when elderly patients are being discharged from hospital and requests for follow-up visits or the service of a home help.

Visitors for Chest Diseases (formerly known as Tuberculosis Visitors) employed by the Authority attend the Chest Clinics, visit all cases of tuberculosis as soon as notified, and report on home conditions. The Chest Physicians and their Assistants have greatly appreciated the assistance and the valuable information given to them by these Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been re-housed and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Visitors that they turn for advice upon their many problems. Visits to non-tuberculous chest patients continued and where there was a need for extra nourishment, milk and other supplements were provided under the Care and After-care Scheme. The sale of Complian and vitamin preparations, ovaltine and horlicks for the sick and aged from Child Welfare Centres is growing. During the year, in addition to attendance at Chest Clinics, the Visitors paid 1,981 visits to patients in their homes.

With the gradual fall in the number of tuberculosis cases attending at Chest Clinics, Chest Physicians have been devoting more time to non-tuberculous chest conditions such as bronchitis, asthma, bronchiectasis, etc. Many of these patients also have social problems and are in need of help in the same way as the tuberculous cases.

During 1965 the two Visitors for Chest Diseases gradually increased their work with the non-tuberculous chest patients attending the chest clinics in the County. This work will take time to develop as it is a new departure for the Visitors and the Chest Physicians. We are endeavouring to provide the same home visiting and relief in kind benefits for the non-tuberculous chest cases as provided for many years very successfully to the tuberculous cases.

The contacts of patients suffering from Tuberculosis were followed up and persuaded to attend for examination where necessary. The attendance at the Chest Clinics by school children with strong positive skin test readings under the B.C.G. scheme continued.

HOME NURSING

Our policy of combined duties continued during the year where all nursing staff undertake general nursing and, where qualified, midwifery. This has again worked well in practice and is accepted by

all the staff and means fairer distribution of work and more compact working areas.

The four Senior Nurse/Midwives continued to deal with day-to-day general nursing problems in their area, and accepted responsibility for the two stores of nursing equipment and the distribution of nursing needs and also for the various items of equipment on loan to patients from medical loan depots.

We have gradually increased the number and range of items available on loan to patients nursed at home and purchased and kept by the Health Department. These items range from simple needs such as bed pans, walking aids and crutches to such items as lifting hoists, ripple beds and hydraulic chairs. The requests for such loans come mainly from hospitals and general practitioners but in many cases the nurses themselves realise that the aids can be of help and arrange for them to be made available to the patient on loan.

During the year, three State Enrolled Nurses were employed in the Western area and worked with the State Registered Nurses in the care of the aged and on other selected work. The State Enrolled Nurses have a definite and useful role to play in district work and we are planning to employ more in the coming years particularly for the care of the aged.

During the year every opportunity was taken to provide in-service training for staff and this is fully reported in the subsequent report of the County Nursing Officer. The County Nursing Officer continued to do excellent work at the County Training Centre at Buckley where, in addition to routine in-service training, three nurses were successfully trained during the year for the National District Nursing Certificate and also placed on the roll¹ of The Queen's Institute of District Nursing. The full responsibility of arranging all training falls on the County Nursing Officer who obtains valuable help from many other members of the staff and great credit is due to Miss L. Mann, for the excellent work done in this very important field of staff training.

Many new techniques and new equipment were introduced during the year, the most notable change being the increase in the use of pre-sterilised disposable equipment, such as syringes, catheters, masks and dressings.

We continued to make good use of money provided by the Marie Curie Memorial Fund for helping cancer patients nursed at home,

both by providing extra material comforts and by providing additional staff to help care for ill patients at home, particularly during the night.

Home nursing is a service widely used by the public and very much appreciated. Although demands have increased yearly it is gratifying to report that we have been able to meet all the calls made upon the service and the district nurses deserve the thanks of the authority for their excellent services during another busy year.

REPORT BY THE COUNTY NURSING OFFICER ON THE DISTRICT NURSING SERVICE

At the end of 1965, 49 nurses were carrying out general nursing duties. Thirty-eight of these were also practising midwifery. Four part-time relief nurses have assisted, when required. In addition to these, three State Enrolled Nurses were employed and they assisted the District Nurses in the Western area.

There have been four resignations during the year and the details of these are recorded in the Midwifery Service Report.

Seven District Nurses have been appointed during the year and three have been transferred to another district within the County.

In 1965, there was a slight increase in the number of patients nursed and a two per-cent decrease in the number of visits paid to all patients. This is brought about by the changing pattern in district nursing. More patients are receiving general nursing care, a smaller number of patients are receiving injections. The disabled and elderly patients often require the services of a District Nurse. In order to give them comprehensive care, it includes rehabilitation, and adequate time must be allowed for each visit. The giving of the injections does not require as much time as the disabled or elderly requiring general nursing care and rehabilitation.

Loan equipment, such as hoists and walking aids continued to be used, and proved a great benefit in nursing for both the patients and relatives. A greater part of the nursing visits are to elderly patients. The disposable polythene backed undersheets continued to be used and are appreciated.

During the year, the Night Nursing Service financed by the Marie Curie Memorial Foundation has been continued. This has proved to be of great value to patients and their relatives and also to

District Nurses. There are fourteen nurses registered with this service and they have done invaluable work in care for the very ill patients during the night.

Mrs. R.A. Roberts, Senior District Nurse/Midwife, Dys-erth, celebrated twenty-one years service as a Queen's Nurse, in November. Twenty of these have been in Flintshire. In recognition of this, Mrs. Roberts received her Long Service Medal from Princess Alexandra. This presentation was made in the Fishmongers Hall, London.

Since the County was approved as a Queen's District Training Authority, twenty District Nurses have been successful in passing the examination and have been placed on the Roll of Queen's Institute of District Nursing and have received the National District Nursing Certificate issued by the Ministry of Health. Two of the nursing staff and one not employed by the County Council have been successful in 1965. Two state enrolled nurses have taken a course of instruction and have been successful in the practical and written assessment and have received the certificate from the Queen's Institute of District Nursing.

Nine Student District Nurses from Manchester and Liverpool have spent three days in this County gaining rural experience as part of their Queen's District Training. Two students who have been attending the Community Health Course at the Rathbone College have visited this County for five days as part of their training. Four student nurses taking their general training in the Royal Alexandra Hospital have spent three days on the district in Flintshire. Seven pupil nurses taking their state enrolled nurses training from H.M. Stanley Hospital, St. Asaph, have spent three days with a District Nurse.

Twenty-six of the staff have spent a day in the Geriatric Units of Lluesty and H.M. Stanley Hospitals. All the nursing staff now have had this in-service experience. During the year, three of the staff visited Oakwood Park Hospital, Conway, three visited the Paraplegic Unit in the Hospital at Southport and two attended the Study Day arranged by the Queen's Institute of District Nursing in Shrewsbury.

In addition to the three monthly meetings of all staff arranged by the County Medical Officer of Health, nine groups of nurses have met in different parts of the County. 154 visits have been made to District Nurses for the purpose of examining their records and observing practical work in the patients' own homes. Ten visits have been made to five Nursing Homes under Sections 187 - 194 of the Public

Health Act, 1936, which provides for the registration of nursing homes.

The arrangement for relief duties is given in the report on the Midwifery Nursing Service.

I wish to express my appreciation of the co-operation of the District Nurses throughout the County and the help given by the Health cal Department.

L. MANN
County Nursing Officer

Table 15

HOME NURSING

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of cases attended by Home Nurses during the year: -	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal Compli- cations	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Total visits
	3460	748	1	7	65	-	4281	2283	191	109189

VACCINATION AND IMMUNISATION

Vaccination: Every opportunity is taken to impress on mothers the value of vaccination in infancy. Up to 1963 vaccination was performed at three to four months of age, but as a result of Ministry of Health Circular 27/62 it was decided as policy to offer vaccination between twelve and twenty-four months of age. All General Practitioners and Medical Staff of the Department were informed of this new timing of vaccination, and the policy has now been generally adopted.

The change in policy resulted in a much smaller number of primary vaccinations during 1963, a total of 581 compared to the previous figure of approximately 1,000 each year for the past three years. The number of primary vaccinations in 1964 was 967 and in 1965, 1,020. Vaccination and immunisation are available either from the patient's General practitioner or at the County Clinics, and approximately 60% of vaccinations and immunisations are done at Clinics and 40% by General Practitioners.

The following table shows the number of vaccinations and revaccinations carried out during the year 1965.

Table 16(a)

SMALLPOX VACCINATION

Age at date of vaccination	I. Number of Persons vaccinated (or revaccinated during period).		II. Number of cases specially reported during period		
	Number vaccinated	Number revaccinated	(a) Generalised vaccinia	(b) Post-Vaccinal Encephalo- myelitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	4	-	-	-	-
3-6 months	20	-	-	-	-
6-9 months	12	-	-	-	-
9-12 months	25	-	-	-	-
1	705	-	-	-	-
2-4	201	3	-	-	-
5-15	53	21	-	-	-
TOTAL	1020	24	-	-	-

Table 16 (b)

NUMBER OF CHILDREN (included in Table 16 (a)) WHO WERE VACCINATED BY HEALTH DEPARTMENT STAFF DURING 1965

Age at date of vaccination		Number vaccinated
0-3 months	...	1
3-6 months	...	3
6-9 months	...	2
9-12 months	...	10
1-2 years	...	465
2-4 years	...	111
5-15 years	...	17
TOTAL		<u>609</u>

Immunisation against Diphtheria: Immunisation against diphtheria on a large scale started in 1941. In that year, Flintshire had 342 cases of diphtheria and 15 deaths. Immunisation has continued since that time and figures of cases and deaths are given below:-

Year	Diphtheria Notification	Deaths
1941	342	15
1946	33	1
1951	1	-
1956	-	-
1965	-	-

The number of babies immunised against Diphtheria gradually increased year by year from 1941 until 1945 when approximately 50% of children under 5 years of age had been wholly or partially protected. Once this position was reached there was a dramatic drop in cases and deaths due to Diphtheria and in 1946 only 33 cases were notified and only one death occurred due to Diphtheria. The year 1946 saw the end of Diphtheria as a major infectious disease of infants as very few cases of Diphtheria have been notified in the County since that date and no deaths have been caused by Diphtheria since 1950.

It is necessary to remind mothers still that Diphtheria is not completely conquered in England and Wales, as in 1964 a total of 33 cases were notified and 2 deaths caused. However, no cases were notified in the County in 1965 and it follows no deaths caused by

Diphtheria.

The important point to stress is that if we are to maintain this position we must ensure that over half the children under five years of age are fully protected against Diphtheria by immunisation.

Since 1960 it has been our policy to give Diphtheria protection combined with Whooping Cough and Tetanus Vaccines in a combined vaccine known as "Triple" Vaccine. In this way a child is protected against three major illnesses by a mixed vaccine given on three occasions at intervals of one month. The introduction of the triple vaccine has considerably raised the diphtheria immunity index - mainly because mothers are anxious to protect their children against whooping cough (one of the components of the triple vaccine) which is still a distressing and serious illness of infants under one year of age.

Also, more parents are now anxious to obtain protection against Tetanus, another serious illness, particularly since publicity has been given to the possible serious reaction following repeated use of Tetanus Serum which was commonly given after injury, particularly where wounds had been contaminated by soil or dirt.

It is still our policy to give fully protected infants one "booster" dose of Diphtheria/Tetanus vaccine on school entry between five and six years of age. The Whooping Cough component is not included in the "booster" as Whooping Cough is only a serious illness in children under one year of age.

Table 17

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1965

Part 1 - Completed Primary Courses - Number of persons under age 16

Type of vaccine or dose	YEAR OF BIRTH					Others under age 16	TOTAL
	1965	1964	1963	1962	1958-61		
1. Quadruple D.T.P.P	17	85	10	4	6	3	125
2. Triple DTP	470	1025	97	44	36	2	1674
3. Diphtheria/Pertussis	2	2	2	5	3	2	16
4. Diphtheria/Tetanus	6	21	15	11	108	10	171
5. Diphtheria	1	3	1	-	2	-	7
6. Pertussis	-	1	-	-	2	-	3
7. Tetanus	-	-	-	-	16	15	31
8. Salk	-	-	4	-	6	-	10
9. Sabin	435	1220	287	184	360	103	2589
10. Lines 1+2+3+4+5 (Diphtheria)	496	1136	125	64	155	17	1993
11. Lines 1+2+3+6 (Whooping cough)	489	1113	109	53	47	7	1818
12. Lines 1+2+4+7 (Tetanus)	493	1131	122	59	166	30	2001
13. Lines 1+8+9 (Polio)	452	1305	301	188	372	106	2724

Table 17

Part 2 - REINFORCING DOSES - Number of persons under age 16

Type of vaccine or dose	YEAR OF BIRTH					Others under age 16	TOTAL
	1965	1964	1963	1962	1958-61		
1. Quadruple DTPP	-	-	-	4	14	1	19
2. Triple DTP	-	-	-	25	93	14	132
3. Diphtheria/Pertussis	-	-	-	-	34	-	34
4. Diphtheria/Tetanus	-	-	-	2	704	27	733
5. Diphtheria	-	-	-	4	502	19	543
6. Pertussis	-	-	-	-	4	1	5
7. Tetanus	-	-	-	1	11	-	12
8. Salk	-	-	-	-	8	5	13
9. Sabin	-	-	-	95	1658	398	2151
10. Lines 1+2+3+4+5 (Diphtheria)	-	-	-	35	1365	61	1461
11. Lines 1+2+3+6 (Whooping cough)	-	-	-	29	145	16	190
12. Lines 1+2+4+7 (Tetanus)	-	-	-	32	822	42	896
13. Lines 1+8+9 (Polio)	-	-	-	99	1680	404	2183

Details of the B. C. G. Vaccination work done for contacts, children and young persons are given in Table 18.

Table 18

B.C.G. VACCINATION AGAINST TUBERCULOSIS - YEAR 1965.

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. Contact Scheme

(Circular 19/64 (Wales)).

(i) Number skin tested ...	...	...	...	1304
(ii) Number found positive ...	...	...	...	553
(iii) Number found negative ...	...	...	...	387
(iv) Number vaccinated ...	...	...	...	232

B. School Children and Students Scheme

(Circulars 19/64 (Wales)).

(i) Number skin tested ...	...	...	...	1925
(ii) Number found positive ...	...	...	...	501
(iii) Number found negative ...	...	...	...	1368
(iv) Number vaccinated ...	...	...	...	1075

Poliomyelitis Vaccination - Sabin vaccine is usually given after the course of triple vaccine has been completed, i. e. at about the 7th or 8th month. In some cases, and this is an increasing practice, Sabin vaccine is given by mouth at the same time as the triple vaccine is given by injection. In this way, infants are protected against four major infectious illnesses by the 6th or 7th month. This practice has not caused any undue reactions, does not interfere with the efficiency of the vaccines and means less visits to the clinic or General Practitioner by the mother.

Sabin vaccine not only protects against paralytic poliomyelitis it also helps to protect the person immunised from contracting infection by destroying "wild" or natural poliomyelitis virus in the bowel before it spreads to other parts of the body. Because it has this twofold action Sabin vaccine is offered to persons up to 40 years of age and to those whose work brings them into contact with children or hospital patients.

Quadruple vaccine (Diphtheria, Whooping Cough, Tetanus and Poliomyelitis) continued to be used during the year but the demand was

small compared with 1964. During the year, 125 children were given a full course of quadruple vaccine compared with 618 in 1964. The reasons for the fall are (1) reports of reactions after the vaccine in some children, (2) non-availability of the vaccine during part of the year, and (3) the increasing use of Oral poliomyelitis Vaccine. However, quadruple vaccine is given if parents require it and it appears desirable to use this type of protection.

A "booster" dose of Sabin vaccine is given to children on school entry between five and six years of age to raise antibody level at a period when children are at greater risk of picking up infections by contact with large numbers of children at school.

AMBULANCE SERVICE 1965

AMBULANCES

Quarters Ending:	1965		1964		1955							
	Stretcher Sitting Journeys	Mileage	Stretcher Sitting Journeys	Mileage	Stretcher Sitting Journeys	Mileage						
31st March	2637	11394	3074	113535	2692	10588	2895	114475	1252	2129	1483	38113
30th June	2524	11347	3081	111925	2851	11165	3089	116209	1400	5207	2230	68292
30th September	2922	10542	3165	108972	2775	11046	3177	116976	1577	5954	2500	80789
31st December	2707	10653	2916	106144	2423	11389	3024	113708	1315	6455	1988	82159
Yearly Totals:	10790	43936	12236	440576	10741	44188	12185	461368	5544	19745	8201	269353

Figures show that 49 more stretcher cases were conveyed in 1965 than in 1964, and 5246 more than in 1955. The number of sitting cases conveyed by ambulances show an increase of 24,191 over 1955, but 252 less than were conveyed in 1964.

The following shows how the above work was carried out by the six Ambulance Stations, situated within the County. It

also shows the number of ambulances and personnel at each station with comparative figures for 1964 and 1955.

Stations:	1965					1964					1955							
	Person- nel	Vehic- les	Stret- cher	Sitt- ing	Jour- neys	Mileage	Person- nel	Vehic- les	Stret- cher	Sitt- ing	Jour- neys	Mileage	Person- nel	Vehic- les	Stret- cher	Sitt- ing	Jour- neys	Mile- age
MOLD	9	8	2348	10561	3118	109489	9	7	2272	10940	3088	115599	4	3				
RHYL	9	5	4175	12098	3205	98665	8	5	4524	11854	3316	110743	4	3				
QUEENSFERRY	6	3	1394	6760	2182	74801	5	3	1057	6388	1954	71812	3	2	5544	19745	8201	269353
HOLYWELL	9	5	2235	9329	2530	107948	7	5	2124	9781	2444	108575	3	2				
FLINT	2	1	569	3676	852	29999	2	1	679	3644	924	34528	2	1				
HANMER	1 p/t	1	69	1512	349	19674	1 p/t	1	85	1581	459	20111						
TOTAL	36	23	10790	43936	12236	440576	32	22	10741	44188	12185	461368	16	11	5544	19745	8201	269353

HIRED SITTING CASE CARS

Quarter Ending	1965				1964				1955			
	Patients	Journeys	Mileage	Cost £ s d	Patients	Journeys	Mileage	Cost £ s d	Patients	Journeys	Mileage	Cost £ s d
31st March	510	272	6351	350 1 8	1112	508	11553	629 10 6				
30th June	456	270	6327	347 10 0	595	312	6985	373 12 6				
30th September	588	313	7661	420 12 8	446	238	5733	308 7 0	See Total Below			
31st December	449	250	5868	333 15 4	547	293	7123	384 6 3				
TOTALS	2003	1105	26207	1451 19 8	2700	1351	31394	1695 16 3	14507	6130	157643	8137 19 1

Patients Conveyed by Rail: Thirty Nine patients were conveyed by Rail during the year compared with 45 in 1964 and 19 in 1955. Rail transport is used whenever possible to convey patients on long distance journeys. I am certain that this means of transport could be used more than it is, especially patients going from Rhyl and St. Asaph to Manchester Hospitals. Full co-operation is being received from British Rail on all these cases.

	<u>1965</u>	<u>1964</u>	<u>1955</u>
Road Accidents	894	842	223
Miscellaneous Accidents	440	440	111
Maternity Cases	1070	1139	246
Emergency Cases	4853	4814	1279
Infectious Cases	56	58	79
General Removals and Clinic Cases	49426	50336	37839
Patients by Rail	39	45	19
Total	<u>56768</u>	<u>57674</u>	<u>39796</u>

The average number of emergency and accident calls during the year was 20.3 every 24 hours; in 1964 the average was 20 and in 1955 the average was 5.40

Conveyance of Patients to and from Hospitals in Liverpool and Manchester: During 1965 - 580 journeys were made to Liverpool to convey 1576 patients to and from Hospital in that Region. 100 journeys to Manchester to convey 248 patients.

Ambulance and Sitting Case Car Statistics 1965, 1964 and 1955

	<u>1965</u>	<u>1964</u>	<u>1955</u>
Ambulances (A)			
Mileage	440576	461368	269353
Patients	54726	54929	25289
Miles per Patient	8.1	8.4	10.6
Sitting Case Cars (B)			
Mileage	26207	31394	157643
Patients	2003	2700	14507
Miles per Patient	13.1	11.6	10.9
Totals (A) & (B)			
Mileage	466783	492762	426996
Patients	56729	57629	39796
Miles per Patient	8.2	8.6	10.7

	<u>1965</u>	<u>1964</u>	<u>1955</u>
Clinics etc., Ambulances (C)			
Mileage	11193	13065	-
Totals (A), (B) & (C)			
Mileage	477976	505759	426996

Mobile Health and Dental Clinics: The following gives figures relating to the work carried out by the Mobile Health Clinic in the County with comparative figures for 1964 and 1963.

<u>1965</u>		<u>1964</u>		<u>1963</u>	
Sessions	Mileage	Sessions	Mileage	Sessions	Mileage
160	3673	165	4483	165	3899

Conveyance of Mothers and Babies to and from the Mobile Clinic: The following shows the number of mothers and infants conveyed from the surrounding districts by the towing vehicle to the Mobile Clinic during 1965, and corresponding figures for 1964 and 1963.

<u>Year</u>	<u>Mothers</u>	<u>Infants</u>	<u>Mileage</u>
1965	1296	1661	2187
1964	1436	1748	2296
1963	1538	2048	2369

Mobile Dental Clinic: The Mobile Dental Clinic at the request of the Senior Dental Officer is moved to various schools in the County. During 1965, 15 journeys were made to different schools and clinics, involving 340 miles. The figures for 1964 were 19 journeys, 498 miles and 1963 - 20 journeys, 426 miles.

Delivery of Welfare Food

	<u>1965</u>	<u>1964</u>	<u>1963</u>
Journeys	55	63	20
Mileage	3324	3463	426

Health Department: In removing Medical Equipment, and other miscellaneous journeys made by ambulances, during the year 24 journeys were made involving 551 miles. The figures for 1964 were 8 journeys and 1057 miles, 1963 - 43 journeys, 794 miles.

Conveyance of Handicapped children: 22 journeys were made to carry Handicapped Children from the County to and from Ysgol Gogarth, Llandudno during 1965, also 5 journeys were made to convey 34 handicapped persons in the County.

The following shows number of journeys made, persons carried and mileage involved with comparative figures for 1964 and 1963.

	<u>1965</u>	<u>1964</u>	<u>1963</u>
Journeys	27	28	25
Persons Carried	147	151	112
Mileage	1118	1261	1297

The ambulances undertook for all purposes during the year 1965, 12, 517 journeys, and carried a total of 57, 830 persons covering 451,769 miles. The figures for 1964 were 12,479 journeys, 58,264 persons carried and 474,433 miles covered.

Fuel: 7, 176 gallons of Diesel Fuel were consumed by the eight Diesel Ambulances in the Service during the year to cover 194,615 miles. Miles per gallon 27. 13,693 gallons of petrol were consumed by fifteen Petrol Ambulances in the Service during the year to cover 257,154 miles. Miles per gallon 18.75.

The following shows the number of patients conveyed by Flintshire Ambulance Service on behalf of Other Authorities. It also shows number of journeys, mileage involved and amount charged.

Authority:	1965			1964				
	Patients	Journeys	Mileage	Cost £ s d	Patients	Journeys	Mileage	Cost £ s d
Anglesey	2	1	28	1 12 0	1	1	30	3 7 6
Caernarvonshire C.C.	1	1	43	2 3 0	4	1	-	5 0 0
Cheshire C.C.	6	12	42	5 18 6	10	10	194	28 11 6
Chester City	4	7	46	5 9 6	5	5	20	2 5 0
Denbighshire C.C.	108	96	1259	199 17 9	70	62	836	153 11 9
Liverpool C.B.	6	6	98	20 0 0	4	4	74	10 16 0
Manchester C.B.	1	1	7	- 15 9	-	-	-	- - -
Merioneth C.C.	5	1	40	10 15 0	-	-	-	- - -
Norfolk C.C.	-	-	-	- - -	1	1	34	3 16 6
Shropshire C.C.	-	-	-	- - -	2	2	77	12 11 3
Surrey C.C.	-	-	-	- - -	1	1	25	4 13 9
Sports Meetings	-	2	26	7 11 0	36	25	225	29 12 9
Clwyd & Deeside Hospital Management Committee	31	20	514	77 2 0	29	15	422	67 10 0
Private Removals	1	1	28	5 15 0	2	1	143	7 3 0
Flintshire C.C. Education Committee	92	16	1510	143 18 9	118	15	1708	173 7 9
Kelsterton College Races	-	1	16	- - -	-	-	-	- - -
Mold Fire Service Show	-	1	2	- - -	-	-	-	- - -
Handicapped Persons	28	5	100	11 5 0	-	-	-	- - -
TOTAL	285	171	2759	492 3 3	283	143	3788	502 6 9

The following shows the number of patients conveyed by Other Authorities on behalf of Flintshire during the year 1965, also shown are journeys, mileage and cost with comparative figures for 1964.

Authority	1965				1964			
	Patients	Journeys	Mileage	Cost		Patients	Journeys	Mileage
				£	s d			
Birmingham C.B.						1	1	33
Bournemouth C.B.						1	1	23
Brighton C.B.						1	1	20
Caernarvonshire C.C.						1	1	Set Charge
Cheshire C.C.	1	1	30	-	13 0	1	1	9
Chester City	59	57	370	200	0 0	123	93	569
Denbighshire C.C.	195	176	2317	321	0 5	158	142	1786
Doncaster C.B.	1	1	11	2	10 5	-	-	-
Lancashire C.C.	1	1	12	2	5 0	-	-	-
London C.C.	-	-	-	-	- -	1	1	4
Manchester C.B.	1	1	15	1	6 4	1	1	32
Merionethshire C.C.	1	1	15	1	13 9	-	-	-
Montgomeryshire C.C.	-	-	-	-	- -	1	1	16
Salford C.B.	7	7	63	6	10 0	8	8	84
Salop C.C.	17	16	250	38	16 6	17*	16	422
Staffordshire C.C.	1	1	1	-	5 0	-	-	-
Stoke-on-Trent C.B.	1	1	6	1	1 6	-	-	-
Worcestershire C.C.	-	-	-	-	- -	1	1	8
TOTAL	285	263	3090	576	1 11	315	268	3006
				577	4 11			

New Ambulances: Three new vehicles were purchased during the year. Two Standard Ambulances with Lomas Bodies built on the Austin L.D.O.5W Chassis. One Austin L.D.M20 Van converted by H. Lomas Limited, to a Sitting Case Vehicle but in an emergency can be used to carry two stretcher cases.

The two standard type Ambulances were replacements for two L.D.O1 Ambulances Reg. Nos: RDM 563 stationed at Rhyl and RDM 571 stationed at Queensferry, both purchased in 1958 and had completed over 200,000 miles each.

The Austin van conversion was to replace a Morris J2 model conversion stationed at Hanmer which was purchased in 1962 and had to be replaced as it was not suitable to take stretcher cases.

Vehicles

Total vehicles in the Service as on 31st December 1965.

<u>Type</u>	<u>Make</u>	<u>Year</u>	<u>Condition</u>	<u>Reg.No.</u>
Towing Dual Purpose	Bedford Petrol	1958	Good	RDM 454
Standard 2 Stretcher	Morris Diesel	1959	Fair	SDM 953
Standard 2 Stretcher	Morris Petrol	1959	Fair	SDM 982
Light 2 Stretcher	Land Rover	1960	Good	VDM 156
Standard 2 Stretcher	Morris Diesel	1960	Good	WDM 562
Standard 2 Stretcher	Austin Diesel	1961	Good	51 ADM
Standard 2 Stretcher	Austin Petrol	1961	Good	52 ADM
Standard 2 Stretcher	Austin Petrol	1961	Good	72 ADM
Towing 1 Stretcher	Land Rover	1961	Good	174 ADM
Standard 2 Stretcher	Austin Petrol	1962	Good	61 DDM
Standard 2 Stretcher	Austin Petrol	1962	Good	73 DDM
Standard 2 Stretcher	Austin Diesel	1963	Good	83 DDM
Standard 2 Stretcher	Austin Petrol	1963	Good	264 FDM
Standard 2 Stretcher	Austin Diesel	1963	Good	281 FDM
Conversion 2 Stretcher	Austin Petrol	1963	Good	265 FDM
Conversion 2 Stretcher	Austin Petrol	1963	Good	284 FDM
Conversion 2 Stretcher	Austin Petrol	1964	Good	ADM 658B
Conversion 2 Stretcher	Austin Petrol	1964	Good	ADM 694B
Light 2 Stretcher	Austin Gipsy			
	Petrol	1964	Good	ADM 685B
Standard 2 Stretcher	Austin Diesel	1964	Good	ADM 691B
Standard 2 Stretcher	Austin Diesel	1965	New	FDM 371C
Standard 2 Stretcher	Austin Diesel	1965	New	FDM 363C
Conversion 2 Stretcher	Austin Petrol	1965	New	FDM 359C

Accident Claims

Twenty-one accident claims were made on the Insurance Company during the year. None of the accidents were of serious nature and no one received any injuries. Nine of the accidents were attributed to faults on the part of our Drivers and twelve were attributed to the fault of other road users.

Safe Driving Awards for 1965

Out of the 27 drivers and attendants entered for safe driving awards for 1965 22 qualified for their awards from the National Society for the Prevention of Accidents.

They are as follows:-

<u>Name</u>	<u>Station</u>	<u>Awards</u>	
Shift Ldr. J. Wardman	Rhyl	4th Oak Leaf	14 years
Senior Dvr. T.E. Bellis	Mold	4th Silver Bar	9 years
Shift Ldr. D.G. Griffiths	Mold	3rd Silver Bar	8 years
Shift Ldr. E. Wilson	Flint	1st Silver Bar	6 years
Driver A. Parry	Q'ferry	Silver Medal	5 years
Shift Ldr. A.S. Hughes	Holywell	4th Diploma	4 years
Driver M.A. Gatehouse	Rhyl	4th Diploma	4 years
Driver G. Thomas	Holywell	4th Diploma	4 years
Senior Dvr. P.A. Thomas	Holywell	3rd Diploma	3 years
Driver P. Hallows	Q'ferry	3rd Diploma	3 years
Dvr/Att. J.B. Roberts	Flint	3rd Diploma	3 years
Dvr/Att. P. Parry	Mold	3rd Diploma	3 years
Part-time Dvr. I. Ward	Hanmer	3rd Diploma	3 years
Driver A.T. Goodwin	Mold	2nd Diploma	2 years
Driver T. Hughes	Holywell	2nd Diploma	2 years
Driver J.H. Edge	Rhyl	2nd Diploma	2 years
Dvr/Att. R.W. Robinson	Rhyl	2nd Diploma	2 years
Dvr/Att. H.E. Darbey	Holywell	2nd Diploma	2 years
Driver D.A. Williams	Holywell	1st Diploma	1 year
Driver E.S. Roberts			
(Mobile Clinic)	Mold	1st Diploma	1 year
Rel/Dvr. W.B. Davies	Q'ferry	1st Diploma	1 year

The 27 drivers entered covered 440,576 miles during the year - average miles per driver 16,319 miles.

British Red Cross (Flintshire Branch): During the year 1965 the British Red Cross Society again provided escorts on a number of the train journeys; on some of the journeys it meant also they had to

stay overnight before they could return home. This work has been done voluntarily with no charge to the County apart from subsistence. They also supply an escort on all the journeys made on behalf of the Education Authority conveying handicapped children to and from the Special School at Llandudno.

Junior Tradesmen's Regiment, Kinnel Park: Again during 1965 a number of the Junior Regiment attended at the Ambulance Stations, Rhyl and Holywell, and they were taken out on the ambulances to gain experience in dealing with sick and injured persons. Most of these recruits are training for the Regular Army Medical Corps.

National Association of Ambulance Officers: The County Ambulance Officer attended three meetings of the Wales Region at Shrewsbury during the year, he also attended the Annual Association Conference at Eastbourne in October 1965. He was again re-elected as Chairman of the Wales Region for the 10th consecutive year.

Annual County Ambulance Competition: The Ninth Annual Inter-Station Competition was held at the County Ambulance Headquarters, Mold on Saturday 19th June 1965. One team from each of the following Stations took part.

Mold: Shift Leader D.G. Griffiths and Attendant P. Parry

Rhyl: Senior Driver W. Reynolds and Attendant W. Wyatt

Q'ferry: Relief Driver W.B. Davies and Attendant D.J. Coulton

Holywell: Senior Driver P.A. Thomas and Driver T. Hughes

The Adjudicators were Mr. F.W. Hitchinson, O.B.E., Chief Fire and Ambulance Officer, Caernarvonshire County Council and his Ambulance Superintendent - Mr. J. Farrell.

The winning team was Rhyl with Mold second, Holywell third. The County Shield and the individual trophies were presented to the winning team by Alderman Dr. B.D. Chowdhury, Chairman of the Health Committee.

Chairman's Efficiency Cup: In 1963 a Cup was provided by the Chairman of the County Council to be presented annually to the station gaining the highest marks for general cleanliness of stations and vehicles, the least number of accidents and damage to vehicles,

the number of Safe Driving Awards gained by the Station, general demeanour of Staff, etc., part taken and marks gained in Competitions and efforts made by the staff to gain advanced training in First Aid.

Mold won the Cup for 1963 and Holywell gained the highest marks for 1964. The Cup was presented to Senior Driver P.A. Thomas, Holywell by Alderman Dr. B.D. Chowdhury on behalf of Mrs. Williams Thomas, Chairman of the County Council. Mrs. Williams Thomas was unable to stay for the presentation due to another important engagement.

Safe Driving Awards for 1964 were presented at the Competition by Clr. Arthur Jones, Chairman of the Road Safety Committee.

National Association of Ambulance Officers (Wales) Ambulance Competition: The competition was held at the Technical College, Shrewsbury on Sunday, 27th June 1965, where eleven teams took part. Anglesey C.C., Caernarvon C.C., Cardigan C.C., Carmarthen C.C., Denbigh C.C., Flintshire C.C., Glamorgan C.C., Merioneth C.C., Monmouth C.C., Montgomery C.C. and Newport C.B.

The competition was won by Denbigh C.C. with 80.25 marks. Flintshire came second with 76.25 and gained the Runner-up Britton Shield. Third was Cardigan C.C. with 74.25. The Flintshire team gained the highest marks on the actual incident and the Flintshire Driver - D.G. Griffiths of Mold Ambulance Station gained the award for the best driver. The team representing Flintshire was Senior Driver W. Reynolds of Rhyl and Shift Leader D.G. Griffiths, Mold.

The competitions, Inter-Station and the Regional were a great success. The Inter-Station was attended by a number of guests, Chairman of the County Council, Chairman of the Health Committee, Chairman of the Road Safety Committee, Members of the Ambulance Sub-Committee and Senior Officials of the County Council

I would like to take this opportunity to thank everybody for their support and the interest shown in these competitions.

Radio: On the 1st April 1957, Radio Control was introduced to the Ambulance Service operating on the County Police and Fire Services Double Frequency Scheme. Since that date the number of our Ambulance vehicles equipped with Radio has increased from the original 18 to 24. The Police and the Fire Service have also more than doubled their mobiles during this time. The "Air," therefore, has become so overloaded that it is imperative that the Ambulance Ser-

vice should adopt its own independent frequency scheme.

Agreement was reached that the Police mast at the Catch, Halkyn can be used for our transmitting aerial. An agreement was also reached with the North Wales Gas Board that our transmitting apparatus can be installed in the hut which they have built at the Catch, Halkyn for their Radio Scheme with the condition that the County Council pays half the electricity cost.

This new Radio scheme was put into operation on the 1st November 1965 and although we have lost the benefit of the Police Gwaenygsor booster mast for the Prestatyn to Mostyn area our new system is working very satisfactorily.

Cheshire County Council Ambulance Personnel Training Scheme: During 1965 the following three of our Ambulance Personnel attended the above Course.

Senior Driver P.A. Thomas	15th to 28th March 1965
Shift Leader A.S. Hughes	6th to 19th September 1965
Attendant G.C. Williams	18th to 31st October 1965.

The Course was very well organised and the men gained vital knowledge on this training. It was unfortunate that we were only able to send one Driver or Attendant at a time on these Courses, and at this rate it would have taken us well over three years to get all our personnel trained. A local training scheme was decided upon and commenced in December 1965, when we arranged evening courses at Mold, Holywell and Rhyl, to run for 13 or 14 weeks. A number of these lectures were given by the County Ambulance Officer, and use of our senior men who had attended the Cheshire Training Courses, was made and to finalise the Course Mr. Robert Owen and Mr. P.M. Corkery, also Sister Coward of the St. Asaph Hospital were kind enough to give lectures on the medical side of the training scheme.

Maintenance: The maintenance of all vehicles in the Service is carried out at the County Ambulance Headquarters by our Mechanic, Mr. K. Ellis, very successfully. All repairs were carried out here apart from fitting re-conditioned engines.

Resignation: The part-time Caretaker Mr. W. McManus resigned from the Service due to ill health on the 21st June, 1965.

Part-time Temporary Appointments: Due to sickness and holidays it was necessary to make the following temporary appointments:-

Mr. Kenneth Hall, 21, Salisbury Street, Shotton, was employed as an Attendant at the Queensferry Station from 28th June to 30th October 1965, relieving Driver P. Hallows who was absent during this time due to sickness. Also, Mr. Michael John Owen, 14, Pendre Avenue Prestatyn was employed from 3rd August to the 4th September 1965 at the Rhyl Station.

Full-time Appointments: Out of four applicants interviewed for the post of Part-time Caretaker at the County Ambulance Headquarters, to replace Mr. McManus, Mrs. V. Goodwin, 25, Broncoed Park, Mold was appointed.

Appointments of Full-time Operational Staff: On the 9th November 1965 nine applicants were interviewed for four vacancies as Ambulance Attendants and the following were appointed:-

Mr. D. Hughes - Posted to Mold Ambulance Station
 Mr. G. Hewitt - Posted to Queensferry Ambulance Station
 Mr. P. Stanley - Posted to Rhyl Ambulance Station
 Mr. A. Peterson - Posted to Holywell Ambulance Station

Commendations: Several letters of commendation were received during the year for the attention and service rendered by our Ambulance Personnel.

I am glad to report that good liaison has been maintained between the Service and local Medical Practitioners and the Hospitals during the year, and every effort has been made, by the Control and Operational Staffs to keep the efficiency of the Service at a high standard. I would like to give thanks to the following for their co-operation during 1965:- Hospitals, General Practitioners, The Chief Constable, The Chief Fire Officer, The County Surveyor, The Civil Defence Officer, the British Red Cross Society (Flintshire Branch), and the Junior Training Regiment.

Establishment

Head of Department	The County Medical Officer of Health
Officer-in-Charge	County Ambulance Officer
Record Clerk	1
Senior Control Clerk	1
Control Clerks (2 Females & 3 Males)	5
Telephonist	1
Part-time Clerk/Shorthand Typist	1
Senior Ambulance Drivers	3

Shift Leaders	4
Ambulance Drivers	12
Relief Ambulance Drivers	2
Ambulance Attendants	13
Mobile Clinic Driver	1
Part-time Ambulance Driver - Hanmer	1
Motor Mechanic	1
Part-time Caretaker	1

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) **Tuberculosis:** All tuberculosis cases on the register including newly notified cases were visited during the year by the two Visitors for Chest Diseases. Repeat visits were paid to cases where necessary, particularly so to cases where social, financial or other factors made this desirable.

It should be made clear that home visiting of the tuberculous has a two-fold purpose - to help the patient and his or her family as regards the illness, and to give every assistance with the social and economic factors arising as a result of the illness.

As in previous years all contacts of newly diagnosed cases are visited and advised to attend a Chest Clinic for examination and B.C.G. vaccine if found suitable and under 21 years of age.

During the year 169 contacts out of a possible total of 184 were examined - that is 91.85% of the known contacts attended a Chest Clinic and were examined. The Chest Clinics in the County skin tested 1304 persons during the year and gave B.C.G. vaccine to 232 persons.

Grants of milk and other foods were made during the year by the Area Nursing and Mental Health Sub-Committee to 153 cases suffering from Chest diseases. These grants of milk and other foods continue to meet a real need, particularly in cases of prolonged illness, and they are in addition to any special grants of the National Assistance Board. Grants are only made by the authority if all contacts have been examined and the patient is accepting the treatment recommended by the Chest Physician.

As a step to prevent tuberculosis, all staff employed by the Authority have a chest x-ray on engagement, this applies to all grades of staff, and during 1965 a total of 455 newly appointed staff had a chest x-ray

B.C.G. vaccination of school children and young persons attending colleges and universities continued during the year. B.C.G. vaccine was offered to those over thirteen years of age receiving full-time or part-time education. At the end of the year 1075 young persons had received B.C.G. vaccine under this scheme, which is administered directly by the Health Department. These persons are in addition to those receiving B.C.G. vaccine from the Chest Physicians.

During the year the Semi-Static Mass X-Ray Unit visited four centres in the County at intervals of three weeks - Rhyl, Holywell, Shotton and Mold. Good attendances were recorded and General Practitioners made use of the Unit by referring cases with chest symptoms.

I would like to record my thanks to the two Visitors for Chest Diseases who continued to do excellent work during the year, both in Chest Clinics and on their districts. My sincere thanks are also due to the three Chest Physicians and their staff for their valuable and ever ready help.

(b) Illness generally: Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committee to persons suffering from other forms of illness, and to mentally subnormal patients living in their own homes. Twenty-four such persons were assisted in 1965. The cost of this was £112.

The cost of the grants of milk and other forms of nourishment made to chest cases and to persons suffering from other illnesses was £3,088 0s. 0d.

During the year the British Red Cross Society and the St. John Ambulance Brigade continued to operate Medical Loan Depots at twenty-one centres in the County. All these depots have nursing equipment such as back rests, bed pans, urinals, rubber sheeting, etc., which is available on loan to persons ill at home. Both organisations rendered invaluable service during the year in this field, and new depots recently opened at the request of the Health Committee operated very efficiently.

Financial responsibility for periods of convalescence in Convalescent Homes has also been accepted by the Authority, the Medical Officer having the power to arrange such convalescence at his discretion. The Authority accepted financial responsibility for 54 such patients in 1965. Recommendations for convalescence are received from the hospital, general practitioners and public, and charges are recovered according to the financial circumstances of the patient.

In recent years we have developed a close working arrangement with hospital staff to improve still further the after-care of patients discharged from hospital and requiring further treatment and care at home.

This work is done with the active support and co-operation of all General Practitioners in the County. This applies to patients from nearly all hospital departments but particularly patients from surgical, medical, geriatric, psychiatric and paediatric departments. Close working co-operation between the Health Department and Hospitals works both ways in providing better care for the patient at home after a stay in hospital and also in keeping domiciliary workers in touch with new nursing techniques and modern therapy.

DOMESTIC HELP

The greatest demand is in the Rhyl and Prestatyn areas where so many elderly people are living alone, and the increase in the number of "flatlet" houses where bed-sitting rooms are provided has brought many new pensioners into the area.

The number of cases helped in 1965 (865) shows an increase of 51 households over the previous year. The number of requests was greater than this, but some people were given the names of persons who were willing to make private arrangement. The Officers of the National Assistance Board have also been most helpful in arranging for payment of a domestic help allowance to certain elderly people.

In some areas when it is possible to find a neighbour to give a little help with household tasks, a grant for domestic help may be given to the householder. This scheme helps to divert some of the less exacting cases away from the service and is appreciated by the householder.

Of the 865 cases who received help 83.9% were aged 65 or over. Twenty-one maternity cases were assisted, either before the birth of the baby on medical advice, early discharge from hospital or in a few cases where the baby was born at home.

The Home Help, in some instances, took full responsibility for the household and held the fort while the mother was in hospital, looking after the children and preparing meals while the husband was at work.

For administrative purposes the Home Help Service is organised in three areas, corresponding to the areas of the Nursing and Mental Health Sub-Committees. The Area Health Service Sub-Centre in Rhyl was opened in March 1965 and Miss J.M. Jewell, the Senior Health Visitor was instrumental in helping to set up this Centre which provides an office from which the Home Help Service in Prestatyn and Rhyl is organised and directed. Mrs. Stuart-Morgan who was appointed as Clerical Assistant was later promoted to Area Assistant Domestic Help Organiser. Meetings of Home Helps in each of these three areas were held during the year and attended by the Home Help Organiser for the County and the Clerk who deals with the work for the area concerned.

During the year Home Helps continued when requested to assist the District Nurses who were visiting cases receiving help. This is particularly valuable in helping with lifting and handling heavy and helpless patients cared for at home.

The Home Helps have continued to give loyal and devoted service and their efforts are much appreciated by the elderly people. Many do extra kindnesses which are not included in the list of duties and some have even enlisted the help of their husbands for decoration and repairs. The number of helpers has been increased in some areas to meet the growing demands and during the year requests were met in remote districts not previously served.

Home Helps continued to give evening service as part of their ordinary work, very often calling in on cases to settle them for the night, after attending them earlier in the day. A few requests are also received for night sitters, from very ill patients who do not require hospital care. These requests for night service are met from existing staff or from temporary helpers recruited for this purpose. In some instances the Little Sister's of the Assumption gave attention to sick persons. It should be emphasised that night service is only provided if no relatives or other persons are available to provide this form of care.

The Home Help Service is an integral part of the County Health Service providing a personal service to persons in their own homes, shopping, cooking, cleaning and acting as a link with other services and the outside world. The service is much appreciated by all concerned - doctors, hospital staff, social workers and most of all by those who are cared for by the helpers in their own homes.

Details of cases helped and hours worked are shown in Table 19.

Table 19

DOMESTIC HELP SERVICE

DOMESTIC HELP TO HOUSEHOLDS FOR PERSONS:

Aged 65 or over on first visit in 1965	Aged under 65 on first visit in 1965				Total
	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases 726	68	10	21	40	865

Of the above, 9 persons received evening help and 27 received help on Sundays.

Hours worked:

Eastern Area	...	...	...	...	35,625
Central Area	...	...	...	...	30,790
Western Area	...	...	...	...	63,647
TOTAL	...	...	...	...	<u>130,063</u>

NEW CASES HELPED IN 1965

Aged 65 or over on first visit in 1965	Aged under 65 on first visit in 1965				Total
	Chronic sick and tuberculous	Mentally Disordered	Maternity	Others	
No. of Cases 263	34	6	19	27	349

Number of Helpers employed at 31st December, 1965:

Full-time	...	...	...	...	2
Part-time	...	...	...	...	134
TOTAL	...	...	...	...	<u>136</u>

Number of Meetings of Home Helps

4

Number of Visits by Domestic Help Organiser
and Assistant Organiser:

Number of first visits to patients	...	267
Number of re-visits to patients	...	1496
Number of first visits to helpers	...	31
Number of re-visits to helpers	...	824
Prospective helpers interviewed at office or home	...	129

HEALTH EDUCATION

During the year there has been an extension of the service of Health Education in the county, both amongst school and adult population. The policy of aiming at instilling good habits of hygiene in the young is helped by obtaining the co-operation of their mothers. The formation of Young Wives and Mothers Clubs has awakened the interest of the parents, and reinforced efforts to get health education over to children.

Adult Health Education: Talks were given by Mr. Lewis, County Public Health Inspector and members of the staff to groups from the Women's Institutes, Church Organisations, Canteen Staff and Nursing and Domestic Science Students. Subjects included "Clean Food", "Social Problems and Social Services", "Smoking and Lung Cancer", and "Environmental Health and Hygiene".

Mothercraft classes, associated with Ante-natal clinics, were held regularly throughout the county. As well as instruction in ante-natal relaxation exercises, demonstrations, talks and film shows were arranged on subjects of particular interest to expectant mothers, by both midwives and health visitors.

There are now some 10 Young Wives and Mothers Clubs in the county, which are all very active organisations. They hold regular evening meetings to which guest speakers are invited. It is pleasing to note how many of the nursing and medical staff in the county have been asked to take part on these occasions, and how well received they have been. A great deal of interest and enthusiasm has been shown by health visitors in the Young Wives clubs, in many cases they have been the inspiration behind the scenes, guiding the club on to its feet. Mothers enjoy the clubs and accept health education very readily in this form. They seem glad of the opportunity to talk informally to the nurses and doctors they meet in schools and clinics on other occasions. They are particularly keen to hear about School health education work, what we tell the children about human relations and growing up and how best they can supplement this in the day to day situations at home.

School Health Education: It is becoming increasingly evident, that in the future, more emphasis will be placed on prevention and control of illness and disease, rather than on developing purely curative techniques for established complaints.

Through the medium of the Press, in newspapers and mag-

azines, and both wireless and television programmes, there is a wider coverage on medical matters to the public than ever before.

Older children are more informed on health problems than a decade ago, but do not always associate them with prevention. The aim of the health education in school is to provide the missing linkage.

In school in this county, much health education is carried out by teachers in the day to day living situations in school, also valuable instruction is given to adolescents in secondary schools as a natural sequence to lessons on science and biology.

School Nurses and Health Visitors stress the need for personal hygiene, on informal visits to schools, as part of cleanliness or verruca foot surveys, or at medical inspections themselves. There are also formal series of set lectures to senior girls organised by individual health visitors in their own areas; most secondary schools now are covered by these means which have been found highly successful.

For more specialised talks on "Smoking and Lung Cancer", "Sex education", and "Venereal Diseases", Head Teachers prefer a school doctor to be present, so that questions can be invited and discussion take place afterwards. The established procedure is for these talks to be given to school leavers in their last term, Dr. W. Manwell taking the boys and Dr. L.L. Munro the girls. The value of these meetings can be judged by the increasing demand for them. More schools are taking part, and more members of the Health Department are undertaking medical teaching.

Children of all ages seem to enjoy film shows and are noticeably more impressed by them than the spoken word alone. The Department is indeed fortunate to have a ready supply of excellent coloured films made available to them by the County Visual Aids Department. These are frequently in demand; subjects include Food and Diet, Smoking, Personal Hygiene, Growing Up, Menstruation, the Kiss of Life, and Sex education and Venereal Disease. The help and co-operation received from Mr. Ellis, County Visual Aid Officer, is greatly appreciated, in arranging these loans. We are also indebted to the Unilever film library for assistance in arranging film loans to the County Health Department.

In the past, School Doctors have directed their health education mainly towards the school leaver. The improved physical condi-

tion and earlier maturation of children leads us to believe that this instruction should be given earlier, certainly in the early years at the senior school, possibly during the last year at the Primary School. At one secondary modern school, at the request of the Headmaster, a scheme was started of giving talks to first year girls on menstruation and growing up. The senior Mistress was present, and suitable booklets and films were presented, so that she will be able to continue this work regularly with other young groups.

Parents welcome this type of experiment, many do not find it easy to discuss intimate subjects with their daughters and are only too pleased for frank factual information to be made available by informed members of staff. Children in primary schools have always received regular visits by nursing staff, for cleanliness inspection. With the increase in gastro intestinal infections in schools in 1965, the number of visits was markedly increased. Every effort was made by the staff to stress the need for good hand hygiene, health visitors put in a great deal of extra work visiting homes and schools and canteens carrying out health education.

Following these outbreaks detailed surveys were carried out during the year, and reports made on the sanitary states of schools and kitchens, and the standards of personal hygiene evaluated. Many shortcomings were revealed. Much interest was expressed in these reports and great strides have been made in improving school premises and the facilities within them. With the improved provisions, the standard of hygiene in the individual child will rise, and the task of health education particularly amongst younger children in primary schools will be the easier.

Social service groups in schools continued their good work, regular visits were paid to aged and handicapped persons in their homes. Secondary modern children also gave most useful help with the Holiday Camp for the Handicapped in Rhyl in May. At the end of the year, three most successful Christmas parties were again held, two for handicapped persons by Rhyl Grammar School and Mold Alun Grammar School, and a party for the Blind at Mold Maes Garmon School.

During the year, lectures were again given by members of the Health Department to students at the Technical College, Kelsterton, and lively discussions followed the different sessions on preventive medicine.

Health Education displays of materials and posters were made

available to all centres and school clinics in the county, regular monthly changes of topic were carried out, so that the material stayed interesting and eye-catching.

A list of the "topics" is given as follows:-

September, 1965	-	Immunisation and Vaccination
October, 1965	-	Teeth
November, 1965	-	Fireguards, Fireworks and Electrical Appliances
December, 1965	-	Christmas Safety, Fabrics and Gas Safety
January, 1966	-	Food and Nutrition
February, 1966	-	Coughs, Sneezes and Flu
March, 1966	-	Home Safety, Poisons and Spring Cleaning
April, 1966	-	Smoking and Lung Cancer and Clean air
May, 1966	-	Care of Toddlers, Weaning Diets
June, 1966	-	Clean Food. Kitchen Hygiene and Hand Washing
July, 1966	-	Holiday Safety
August, 1966	-	Flies. Care of Feeding Bottles and Teats.

As before, special displays were made for the annual Flint and Denbigh Show in August. The themes in 1965 were "Handicapped Persons" and "Mental Health." There was a most interesting exhibition of goods made by handicapped persons and photographic displays were also provided.

A great deal has been achieved for and by health education in 1965. Once again our thanks go out to all who have made this possible. To all Head Teachers for the splendid co-operation we have received from them, to Dr. L. Munro, Senior Assistant Medical Officer, and to Dr. W. Manwell for his part in carrying out a difficult task with much skill. To Miss L. Mann and to Miss P.M. Matthews, Miss J.S. Rogers who does health education as a special part of her duty and all Health Visitors, for their very valuable work and lastly, a special word of appreciation to Mr. E. Lewis, County Public Health Officer, for his continued help and support.

I would again like to thank all the staff for the valuable work they do in the field of health education, in particular Dr. L. Munro,

and Dr. W. Manwell for their valuable work in secondary schools, Mr. E. Lewis, the County Public Health Inspector, for being responsible for lectures, and the Visual Aids Section of the Department. Also Miss P.M. Matthews, and Miss L. Mann, and Miss M. Williams, the Senior Health Visitor, and Miss J.S. Rogers who does Health Education as a specialised part of her Health Visiting duties and the Headteachers for their excellent co-operation.

MENTAL HEALTH

Services for the mentally disordered provided by the authority continued at a satisfactory level during 1965, bearing in mind the limitation of trained staff and premises. Once again, our biggest problem has been the shortage of trained workers in all fields - Mental Welfare Officers - Adult Training Centres, Junior Training Centres, and at the recently opened hostel. The Authority continued during the year with its policy of allowing staff to go on appropriate training courses and at the end of 1965, one Mental Welfare Officer and one Training Centre Assistant Supervisor were away on training. During the year also Miss D.M.T. Owen, a member of the Staff of the Junior Training Centre, successfully completed the Diploma Course for Teachers of the Mentally Handicapped.

We have continued our policy of recruiting trainees in all branches of our Mental Health activities and at the end of 1965, three trainees were working in the various sections and preliminary arrangements have been made for them to attend suitable training courses at a later date.

At the end of 1965, we had one Senior Mental Welfare Officer, five Mental Welfare Officers, one Assistant Mental Welfare Officer, and one part time Mental Welfare Officer who worked for the Authority and also the hospital. We were only able to meet the day-to-day needs of the mentally ill, the number of staff did not permit the type of care or after-care that we hope to provide when we eventually have a full establishment of trained staff. In addition, the Mental Health Services are constantly developing and patients are looking more and more to the staff for help on discharge from hospital. We were able to meet the demands made upon us thanks largely to the hard work and initiative of the Mental Welfare Officers, the ready help of the Consultants and other staff at the Denbigh and Deva Hospitals and the co-operation of General Practitioners.

Services for the subnormal continued on a satisfactory level during 1965. The Junior Training Centre at Tirionfa, Rhuddlan,

continued to function very satisfactorily, particularly now as we have adequate space and an increased complement of trained staff. There is accommodation at Tirionfa for sixty subnormal children - boys and girls - with adequate space for indoor and outdoor activities. During 1965, children from East Flintshire continued to attend the Training Centre at Chester. At the end of 1965, thirty two children from Flintshire were attending the Chester centre, and four attended Denbighshire Centres, being conveyed by special transport provided each day.

The Psychiatric Club for ex-hospital patients and others recommended for such service continued its good work during the year under the guidance of Mrs. Howell, the Mental Welfare Officer for the Rhyl area, assisted by other members of the Mental Health Section. During the year also the handicraft class for the mentally ill at Rhyl continued to function satisfactorily providing facilities for practical work and social contact for patients unsuitable for one reason or another to attend the psychiatric club or in the early stages after hospital discharge and before they felt capable of taking part in the activities such as are planned by the psychiatric club.

The work at Fronfraith Hostel, Rhyl, continued successfully in 1965. This hostel is for mentally disordered people, usually from hospital, who require a period in a sheltered atmosphere before being discharged completely to the community, and their employability is a major factor in their selection.

Many have been in hospital for a number of years and either had no homes to go to or no homes willing to have them back.

During the year a total of thirty three people were admitted and thirty were discharged; eleven were returned successfully to their homes, seven to lodgings and twelve unfortunately, had to be readmitted to hospital. Out-county cases continued to be admitted.

In 1965 it was decided to convert the hostel into a mixed unit and this was done with a simple structural alteration. It was reasoned that accommodating both sexes would provide a more natural environment akin to that which the majority of residents would experience on leaving the hostel. The first female case was admitted in November 1965 and no difficulties have arisen.

We again enjoyed close co-operation from Dr. M.J. Craft, Consultant Psychiatrist in charge of hospitals for the subnormal in North and Mid Wales, from which many of the cases were admitted, and also from the staff of the North Wales Hospital, Denbigh, from which we also admitted cases during the year.

Miss Harding, the part-time Social Worker, is also employed part of the time by the Hospital Management Committee and she devotes her activities to the needs of the subnormal, both males and females, particularly to the work of finding suitable employment for subnormals in hospital and when appropriate, lodgings and other accommodation.

During the year, Miss Harding was successful in placing the following patient's in employment:-

From Broughton Hospital, 2 females under 21 years of age.	
3 females aged 21 to 40	
1 female aged over 40	
TOTAL -	<u>6</u> females

and, from the Adult Training Centre, 1 female, and 1 male (aged 21 to 40) and 2 females over 40 years of age.

I would like, once again, to thank all General Practitioners in the County for their help and ready co-operation in the day to day work of administering the Mental Health Act. I would like also to express my appreciation of the advice and excellent co-operation given by Dr. Gwyn Williams, the Medical Superintendent of the North Wales Hospital, Denbigh.

I would also like to thank Dr. M.J. Craft, the Consultant Psychiatrist-in-charge of hospitals for the subnormal, for his continued help during the year, particularly in admitting urgent cases at short notice, in providing short-term care for patients and in arranging out-patient clinics in the county to see patients and advise on treatment and after-care.

Mental Health Act, 1959: There has been a gradual annual increase in the number of patients admitted informally since the introduction of the new Act. It is estimated that the figure of a hundred in the table is about half the total that did, in fact, obtain hospital admission as informal patients.

Table 20

MENTALLY-ILL PATIENTS DEALT WITH BY
MENTAL WELFARE OFFICERS, 1965

	Males	Females	Total
Admitted to Hospital for observation:			
Under Section 25	8	9	17
Under Section 29	36	32	68
TOTAL	<u>44</u>	<u>41</u>	<u>85</u>

	Males	Females	Total
Admitted to Hospital for treatment			
Under Section 26	6	1	7
Admitted to Hospital informally:			
Under Section 5	33	67	100
Psychopathic Patients (admitted to Hospital)	1	1	1

Details of the work done in the community for the mentally subnormal are given in Tables 21 and 22. Also, subnormal patients admitted to hospital during the year for short-term care or for longer periods. Home visiting of subnormal patients is carried out by Health Visitors and Mental Welfare Officers. The Health Visitors visit all patients under 16 years of age and Mental Welfare Officers visit all patients over that age and any cases with special problems. Reports on home visits are submitted by the staff to each Area Nursing and Mental Health Sub-Committee.

Table 21(a)

MENTAL SUBNORMALITY
CASES ON LIST FOR VISITING IN THE COMMUNITY

				Age under 16			Age 16 and over			Total
				M	F	T	M	F	T	
1964	...	...	...	44	27	71	84	90	174	245
1965	...	...	...	49	23	72	92	99	191	263

Table 21 (b)

PATIENTS ADMITTED TO HOSPITAL

	Age under 16			Age 16 and over			Total
	M	F	T	M	F	T	
Informally -							
Under Section 5 of Act	3	3	6	1	3	4	10
For observation -							
Under Section 25 of Act	-	-	-	-	-	-	-
Under Section 29 of Act	-	-	-	1	-	1	1
For treatment -							
Under Section 26 of Act	-	-	-	-	-	-	-
By Court Order -							
Under Section 60 of Act	-	-	-	1	-	1	1
Short-term Care	4	5	9	2	2	4	13
TOTAL	7	8	15	5	5	10	25

In Table 22 details are given of visits paid by Mental Welfare Officers since the new Act came into force. It will be noted that 1575 after-care visits were paid and 849 visits other than after-care, where advice and help was sought, and in many instances for mentally ill patients who did not receive hospital treatment. In addition the Mental Welfare Officers paid 817 visits to mentally subnormal patients.

Table 22

VISITS PAID BY MENTAL WELFARE OFFICERS

Years:		1960	1964	1965
To Mentally Ill Patients:-				
(a)	After-care visits	512	740	1575
(b)	Visits (other than after-care)	589	733	849
To Mentally Subnormal Patients		385	962	817

In addition, during 1965 Health Visitors paid 586 visits to mentally subnormal patients and 409 visits to patients who were mentally ill.

Table 23 (Part 1)

2. Number of patients under Local Health Authority's care at 31.12.65	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				Total subnormal and severely subnormal		Grand Total of Cols. (1)-(16) (19)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16 (17)	16 and over (18)	
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)			
(a) Total number	2	-	213	420	-	-	1	-	4	2	44	44	45	21	48	55	72	191	899
(b) (i) Attending day training centre	-	-	-	-	-	-	-	-	3	-	5	8	30	14	17	22	47	52	99
(ii) Awaiting entry thereto	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) (i) Resident in residential training care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(ii) Awaiting residence therein	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) (i) Receiving home training	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1	2	-	5	5
(ii) Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(e) (i) Resident in L.A. home/hostel	-	-	4	2	-	-	-	-	-	-	1	1	-	-	-	-	-	2	8
(ii) Awaiting residence in L.A. home/hostel	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iii) Resident at L.A. expense in other residential homes/hostels	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(iv) Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f) (i) Others	2	-	209	418	-	-	1	-	1	2	38	33	15	7	30	31	25	132	787

* NOTE - At 31.12.65 there were also 3 patients from other areas in the hostel

(3) Number of children under age 16 attending day or residential training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (16)

MALE 7 FEMALE 3.

NOTE: Of the patients shown in 2(b) (i) and in 3, the following attended Chester Training Centre by arrangement with Chester Corporation. Also included in 2(b) (i) - 1 severely subnormal male over 16, 1 severely subnormal female over 16, and 2 severely subnormal males under 16 attending Denbighshire Training Centres.

SUBNORMAL				SEVERELY SUBNORMAL				NOT IN ABOVE CATEGORIES			
Under 16		16 and over		Under 16		16 and over		Under 16		16 and over	
M	F	M	F	M	F	M	F	M	F	M	F
2	-	-	1	14	5	1	6	3	-	-	-

Table 23 (Part II)

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1965

	MENTALLY ILL Under age 16 16 and over				PSYCHOPATHIC Under age 16 16 and over				SUBNORMAL Under age 16 16 and over				SEVERELY SUBNORMAL Under age 16 16 and over				Total subnormal and severely subnormal		Grand Total of Cols (1)-(16) (19)
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	Under age 16 (17)	16 and over (18)	
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.65																			
(a) In urgent need of hospital care	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	2	1	3
(b) Not in urgent need of hospital care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Total	-	-	-	-	-	-	-	-	1	-	-	1	1	-	-	-	2	1	3
2. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(a) To N.H.S. hospitals	-	-	-	-	-	-	-	-	-	-	-	-	3	5	2	1	8	3	11
(b) To L.A. residential accommodation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Elsewhere	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	1	2
(d) Total	-	-	-	-	-	-	-	-	-	-	-	-	4	5	2	2	9	4	13

NOTE: Persons shown in item 1 are also included in the figures of patients under L.H.A. care in item 2 of Part I of this form.

Table 24
Number of patients referred to Local Health Authority during year ended 31st December 1965.

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				Total subnormal and severely subnormal		Grand Total of (1) - (16) (19)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16 (17)	16 and over (18)	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)			
(a) General practitioners	-	1	20	48	-	-	-	-	-	-	-	-	-	-	-	-	-	-	69
(b) Hospitals, on discharge from in-patient treatment	1	1	62	113	-	-	1	-	-	-	3	2	-	1	1	1	1	7	186
(c) Hospitals, after or during out-patient or day treatment	-	1	10	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55
(d) Local education authorities	-	-	1	-	-	-	-	-	1	-	-	-	9	1	-	-	11	-	12
(e) Police and courts	-	-	13	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22
(f) Other sources	1	-	27	42	-	-	-	-	-	-	2	4	1	-	2	1	1	9	80
(g) Total	2	3	133	256	-	-	1	-	1	-	5	6	10	2	3	2	13	16	424

NOTE: Only one referral has been recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

Section C

INFECTIOUS AND OTHER COMMUNICABLE DISEASES

Reports on cases of notifiable diseases are sent to the Medical Officer of Local Authorities who send copies to the County Medical Officer. Weekly and quarterly returns of notifiable diseases are sent from the County Health Department to the Welsh Board of Health. There is close co-operation between the County Health Department and District Councils in the control of infectious diseases, the nursing and health visiting staff of the County Council being made available to the District Medical Officers when required to deal with an outbreak of infectious illness.

Fees for notifying infectious cases are paid to doctors by District Councils who can recover their full amount from the County if copies of the notification have been sent to the County Health Department.

The number of notifications received from District Medical Officers during the year was as follows:-

Smallpox	-
Cerebro-Spinal Fever	-
Diphtheria... ..	-
Dysentery	65
Enteric Fever (Typhoid)	-
Erysipelas... ..	9
Food Poisoning	7
Measles	574
Meningococcal Infections	4
Ophthalmia Neonatorum... ..	1
Paratyphoid	3
Acute-encephalitis-Infective	-
-Post-Infective	-
Acute Poliomyelitis-Paralytic	-
-Non-paralytic	-
Pneumonia... ..	39
Puerperal Pyrexia	3
Scarlet Fever	78
Tuberculosis-Respiratory	46
-Meninges and C.N.S.	-
-Other	10
Whooping Cough	47
Malaria (contracted abroad)	-
TOTAL	<u>886</u>

The number of infectious diseases notified during the year is again small compared with previous years. If the cases of measles were removed the rest only amount to 312.

Notification is far from complete and only a fraction of notifiable cases are in fact reported on by doctors in general practice and hospital. For this reason, I continued to use four group practices in the County as "spotters" for outbreaks of infectious illnesses. Doctors in these practices notify me when cases of infectious diseases show a sharp rise in their area. By regular contact with them it is then possible to ascertain if cases are on the increase or not and also when an outbreak is declining or has come to an end.

In this way, action can often be taken to advise schools and staff of what is happening and to take steps to prevent or limit spread of infection.

During the year, there was a sharp rise in the cases of dysentery notified - 65, and this is again possibly only a quarter of the cases which occurred in the particular locality. Food poisoning usually more serious than dysentery declined during the year but again the total cases occurring was probably much higher than the number notified, namely, 7 cases.

The Ministry of Health have stated that they plan to look at the whole question of notifying infectious diseases with a view to obtaining a more accurate picture of the position in the county as a whole.

During the year cases of infectious illness requiring hospital treatment were admitted to accommodation at Colwyn Bay Isolation Hospital, Wrexham Isolation Unit or Clatterbridge Hospital. Two Hospitals in North Wales are specially equipped to deal with Acute Poliomyelitis including severe spinal and bulbar cases - Gallysil Isolation Hospital, Caernarvonshire, and the Isolation Unit, Maelor General Hospital, Wrexham.

Table 25 shows the deaths from Tuberculosis during 1965, showing those in males and females and due to respiratory and non-respiratory illness

Table 25
DEATHS FROM TUBERCULOSIS, 1965

	Males	Females	Total
Respiratory Tuberculosis ...	6	-	6
Non-respiratory Tuberculosis ...	-	-	-
All forms ...	<u>6</u>	<u>-</u>	<u>6</u>

Notification of new cases of tuberculosis fluctuate slightly from year to year, but the overall trend is a gradual reduction in new cases notified, both respiratory and non-respiratory, as will be seen from Table 26. In the same way, deaths from tuberculosis have also gradually diminished during the last twenty years (Table 29).

It will be seen also in Table 26 that the Flintshire notification rate for 1965 of new cases (0.35) is slightly lower than the rate for England and Wales for 1964 (0.52). The death rate from tuberculosis in Flintshire for 1965 (0.04) is also slightly lower than the last known rate for England and Wales (i.e. for 1964 - 0.05).

Tuberculosis is no longer a major public health problem and quite naturally the facilities used for tuberculosis in the past are now being used for chest diseases in general, and in line with the trend, the Tuberculosis Health Visitors are now designated Visitors for Chest Diseases, and visit all cases with chest complaints where after-care visiting would be of help to the patient.

Table 26

CASES NOTIFIED

	1940	1950	1960	1963	1964	1965
Table 1 (Flintshire):						
Respiratory T.B.	135	132	82	59	45	46
Non-respiratory T.B.	44	34	14	10	8	10
Table 2 (Flintshire):						
Notification per 1000 population	1.28	1.14	0.65	0.45	0.34	0.35
Table 2 (England and Wales):						
Notification per 1000 population	1.16	1.18	0.51	0.40	0.52	*
Table 3 (Flintshire):						
Death rate per 1000 of the population, Respiratory and Non-Respiratory	0.46	0.40	0.06	0.07	0.04	0.04

Table 26 (continued)

	1940	1950	1960	1963	1964	1965
Table 3 (England and Wales):						
Death rate per 1000 of the population						
Respiratory and Non-Respiratory	0.99	0.59	0.07	0.06	0.05	*

* Figures not available

During the year every possible step was taken to try and get all "contacts" of notified cases of Tuberculosis examined. The two Visitors for Chest Diseases did excellent work in this connection and 169 out of 184 (91.3%) contacts were examined (See Table 27).

During the year the close co-operation existing in the past with the National Assistance Board and the Group Resettlement Officer of the Ministry of Labour has been maintained.

I would like also to thank Dr. E. Clifford Jones, Dr. J.B. Morrison and Dr. R.W. Biagi, the Consultant Chest Physicians who serve Flintshire, for their ready co-operation and valuable assistance in the work of prevention and after-care of tuberculosis.

Tuberculosis: Mass X-Ray Facilities - The County is served by mobile and semi-static mass x-ray units. The mobile units visit factories, towns and others centres as requested to x-ray either groups of the public or employees in certain special industries.

The semi-static mass x-ray unit continued during the year to visit the same four centres in the County every three weeks - Rhyl, Holywell, Mold and Shotton. Any member of the public can attend at these centres without prior appointments, and also General Practitioners can refer cases with "chest" symptoms for x-ray without prior arrangements.

Details of cases seen at the semi-static unit, at the four centres, are given in Table 28. Also shown are the total persons who attended at the various centres visited by mobile units other than the semi-static unit during the year.

Routine mass x-ray surveys of school children are not now carried out. Children found to be mantoux positive during the B.C.G. testing are referred to the Mass X-Ray Unit for a chest x-ray. Those found to be strongly positive - a very small number - are referred to the Chest Physician for a large plate chest x-ray and a clinical examination. -

Table 27
TUBERCULOSIS - CARE AND AFTER-CARE

DURING 1965									
	MALES			FEMALES			TOTAL		
	Under 16	Over 16	Total	Under 16	Over 16	Total	Under 16	Over 16	Total
1. Number of cases notified to Chest Visitors:-									
Respiratory	4	33	37		17	19		50	56
Non-respiratory	-	4	4	1	5	6	1	9	10
Total	4	37	41	3	22	25	7	59	66
2. Number of persons in contact (at home) with above cases:-									
Respiratory	23	49	72	39	50	89	62	99	161
Non-respiratory	5	9	14	2	7	9	7	16	23
Total	28	58	86	41	57	98	69	115	184
3. Of the "contacts" shown in (2) above, number known to have been examined by Chest Physician:-									
Respiratory	20	47	67	36	47	83	56	94	150
Non-respiratory	5	7	12	2	5	7	7	12	19
Total	25	54	79	38	52	90	63	106	169

Table 28

SURVEY OF GENERAL POPULATION BY MASS RADIOGRAPHY UNIT DURING 1965

Circuit Location	Number Examined	No. of visits	Average attendance per visit	Referred by General Practitioners		No: referred for further investigation	Number of Other Pulmonary abnormalities requiring further treatment)
				Number	Percentage		
Holywell	780	14	56	33	4.2%	6	6
Mold	942	15	63	46	4.8%	8	15
Rhyl	2304	18	128	85	3.6%	131	117
Shotton	724	15	48	67	9.2%	5	11
Special Surveys in Factories, etc.	6191	-	-	-	-	12	25
TOTALS	10941	62	76	271	5.7%	162	174

Venereal Disease: The number of cases treated for the first time at the Centres at Chester, St. Asaph, Wrexham and Liverpool during the year was:

Syphilis	11
Gonorrhoea	30
Other conditions	<u>117</u>
TOTAL	<u>158</u>

Section D

FOOD AND DRUGS ACT 1955

REPORT OF THE COUNTY PUBLIC HEALTH OFFICER

New legislation introduced during the year ended December 31st, 1965, included the following measures:-

The Milk (Special Designations) Amendment Regulations 1965:

These amend the 1963 Regulations and make provision for a new kind of heat treated milk - ultraheat treated milk, whereby the milk may be sterilised by heat without altering its flavour. The regulations also prescribed the conditions under which the milk is to be treated and for the labelling of the milk containers.

Dried Milk Regulations 1965: These prescribe the maximum and minimum percentages of butter fat and moisture content in both dried milks and dried skimmed milk. They also provide for the labelling of containers of dried milk.

Cheese Regulations 1965: These regulations specify the requirements for the composition and description of hard, soft, cream, processed and whey cheese, also for cheese spreads. They specify the permitted ingredients to be used, and for the labelling and advertisements of cheese.

Poisons List Order 1965 and Poisons Rules, 1965: These amend the previous legislation and also add certain substances to the Poisons List which can only be sold by an authorised seller of poisons or by one whose name is entered on the Local Authority's lists. They also impose appropriate requirements and restrictions on the sale of these poisons.

1565 samples were taken during the year ended 31st December, 1965. 623 of these were sent to the Public Analyst for chemical analysis and the remainder to the Public Health Laboratory Service for bacteriological examination. The following is a brief summary of the samples submitted for chemical examination.

<u>Article</u>	<u>No. taken</u>	<u>Genuine</u>	<u>Not Genuine or below standard</u>
Milk	357	315	42
Dairy Products	19	19	-
Fruit and Vegetables	23	22	1
Sausages	31	28	3
Ice Cream and Lollies	18	12	6
Miscellaneous Groceries	117	106	11
Alcoholic Drinks	20	20	-
Fish and Meat Products	22	21	1
Patent Medicines	16	15	1
TOTAL	<u>623</u>	<u>558</u>	<u>65</u>

MILK - (a) Chemical Analysis: 357 samples were sent for chemical examination to the Public Analyst who reported that 42 were not genuine. One sample contained traces of added water, 19 were low in solids not fat, 19 had butter fat deficiencies and 4 contained penicillin. Successful legal proceedings were instituted in respect of 2 samples containing penicillin and 3 milk samples deficient in butter fat.

(b) Biological examination: No evidence of bovine tuberculosis was found in any sample but brucellosis was found in the milk distributed by 7 Producer Retailers. Brucellosis was found in 36 samples, but this figure is inclusive of individual and group samples. A total of 17 cows were found to be infected, only 5 of which are known to have been slaughtered. In all cases the following officers were immediately notified - the Medical Officer of Health and the Chief Public Health Inspector of the district concerned, the Chief Divisional Veterinary Officer of the local Animal Health Division of the Ministry of Agriculture, Fisheries and Food, the Producer/Retailer and, where known, the producer's veterinary adviser.

There are two pasteurising plants situated in the county and these are inspected weekly, attention being paid to their structural condition, efficiency of the pasteurising operations and to the cleanliness of the operators.

Samples of pasteurised milk are taken each week and submitted for bacteriological examination. All samples taken from the pasteurising plants satisfied the phosphatase and methylene blue tests.

School Milk: All milk supplied to the schools is pasteurised. Samples are taken weekly and all were found to be satisfactory.

Other Foods: 266 samples of other foodstuffs were submitted for chemical analysis. 23 were found to be adulterated, substandard or did not comply with the Labelling of Food Orders. Successful legal proceedings were instituted in respect of three.

No evidence of fungicides, pesticides, or prohibited colouring matter was found in any sample of food, fish, fruit or vegetables.

Two complaints were received regarding foreign matter in foodstuffs - a beetle in chocolate confectionery, and a small stone in a meat pie. After a thorough investigation and having regard to all the circumstances it was decided that no legal action could be taken. The attention of the food distributor was drawn to the matter in each case.

The following articles did not comply with the Labelling of Food Orders and a warning letter was sent in each case - an imported vegetable dye used for colouring butter, three ice fruit lollies, and an orange drink. Six samples of marmalade and jams were found to be deficient in soluble solids and successful legal proceedings were instituted in respect of two.

Five samples of ice cream were deficient in non-fatty milk solids and successful legal proceedings were instituted in one case.

Two samples of pork sausage had slight deficiencies in meat content but subsequent samples have been satisfactory.

No action was taken in respect of a sample of halibut liver oil capsules which contained a slight excess of Vitamin A. A formal sample will be taken as soon as the brand re-appears on the market.

All samples of foodstuffs submitted for bacteriological examination were satisfactory.

SUMMARY OF LEGAL PROCEEDINGS

Article	Deficiency or Adulteration	Result	Total Fines and costs
Milk	23.5% fat deficiency	convicted	£8 13s 4d
Milk	36.7% fat deficiency	convicted	£8 13s 4d
Milk	36.7% fat deficiency	convicted	£8 13s 4d
Milk	Excess Pencillin	convicted	£17 3s 0d
Milk	Excess Pencillin	convicted	£10 1s 6d

/ contd.

Summary of Legal Proceedings (contd.)

<u>Article</u>	<u>Deficiency or Adulteration</u>	<u>Result</u>	<u>Total Fines and costs</u>
Ice Cream	21% deficient in milk solids	convicted	£10 1s 0d
Lemon Cheese	18.5% deficient in soluble solids	convicted	£8 2s 6d
Marmalade	10.9% deficient in soluble solids	convicted	£8 2s 6d

Fertiliser and Feeding Stuffs Act: 14 samples of Fertiliser and 15 samples of feeding stuffs were submitted for chemical analysis. Fertilisers and feeding stuffs are manufactured at four factories in the County. One factory utilises the waste products from slaughterhouses for the manufacture of its feeding stuffs. A bacteriological sample of this product was satisfactory but a chemical analysis showed that it was richer in oil than was stated on the statutory statement. The attention of the manufacturers was drawn to the matter.

Samples of imported feeding stuffs were also submitted to bacteriological tests following the death of a cow due to Anthrax. The samples were quite satisfactory.

Other Duties: The inspection of schools, clinics, school canteens and kitchens, the investigation of complaints, atmospheric pollution, water supplies and refuse disposal.

Health Education: Talks and film shows were given to youth clubs, young wives clubs, church organisations, canteen staff, nursing and domestic science students. The subjects included clean food, social problems, social services, smoking and lung cancer, environmental health and housing.

A successful exhibition was staged at the Flint and Denbigh Agricultural Show.

Pharmacy and Poisons Act: The duties devolving upon the County Council under the Act are:-

(a) The names of all shopkeepers, other than registered pharmacists, who sell Part II poisons are to be entered on the Council's list.

(b) To see that any deputy appointed under Rule 14 is a responsible person.

(c) To see that the substances which contain Part 11 poisons which appear in the first schedule of the Poisons Rules are being sold by the listed seller or by the responsible deputy.

(d) That a Poisons Book is kept in the prescribed form and manner and that all entries therein are in order.

(e) That the storage arrangements for certain poisons are adequate.

(f) That the requirements as to labels and type of containers are complied with.

It was found necessary to draw the attention of several shopkeepers to this last requirement. The vendor's name and address must appear and be legible on the carton or container.

E. LEWIS

Section E

NATIONAL ASSISTANCE ACT, 1948

The Welfare Committee administers the service provided by the Authority under Sections 21-28 of the National Assistance Act. The Health Department continues to administer Sections 29 and 30 of the Act.

There is close liaison between the Welfare Department and the Health Department and all medical matters affecting the Welfare Department are referred by the County Welfare Office to the Health Department.

National Assistance Act: Sections 29 and 30 - These important sections of the National Assistance Act are administered by the Health Committee. The County provides services for the blind and partially sighted and the deaf and dumb through agency arrangements with the Chester and District Blind Welfare Society and the Chester and North Wales Society for the Deaf respectively. These two voluntary societies have given excellent service to the community for many years and continued their good work in the County during the year.

The total blind and partially sighted persons in the County are shown on page 134. These persons were visited during the year by

the Home Teachers of the Society and reported on to the appropriate Area Health Nursing and Mental Health Sub-Committees which are attended by a representative of the Blind Society.

Every effort is made to find suitable work for blind persons who are employable either in open industry or in sheltered workshops. In this connection the County works in collaboration with the Blind Persons' Resettlement Officer of the Ministry of Labour and with the Group Disablement Resettlement Officer and the staff of the Chester Blind Society.

The majority of blind and partially sighted persons on the register are elderly. Amongst these persons valuable social work is done by the Home Teachers by regular visiting. Regular visiting ensures that the many needs of the blind are met and met quickly, whether financial problems, domestic or purely personal and social.

From Table 30* will be seen that there are 76 deaf persons in Flintshire who are visited by the Chester and North Wales Society for the Deaf and many of whom also avail themselves of the excellent club facilities provided by the Society.

Reports on the work of the Welfare Officers are submitted to each Area Health Nursing and Mental Health Sub-Committee and the Secretary of the Society for the Deaf attends. The Health Committee has always been appreciative of the excellent work done by the Society for the deaf in the County. The present Secretary has a record of service going back many years and one that would be difficult to equal anywhere.

Welfare of the blind is undertaken on behalf of the Authority by The Chester and District Blind Welfare Society

The total number of Blind persons on the Register was 321, the same as at the 31st December, 1964. 6 of these were under 16 years of age and at school, and 72 were in the employable age group from 16-59. One of these was still at school and 34 were in employment, as follows:-

Workshops for the Blind	9
Home Workers' Scheme	6
Ordinary Conditions	19

One blind man completed his training as a brush maker and

was admitted to a Workshop for the Blind; three were placed in employment in Open industry.

On the Register of Partially/Sighted, two men were placed in employment after periods of industrial rehabilitation and training in light engineering; a third was placed as a store keeper.

One woman was admitted to a Workshop for the Blind for training as a round machinist, and a partially/sighted girl left school and obtained work in one of Courtaulds factories.

Regular visits were made by the Home Teachers and lessons were given where required in embossed types and handcrafts. Weekly craft classes were held in Buckley and Prestatyn; also, monthly socials and a weekly dancing class in Rhyl, this being a new innovation and one which appears to be gaining in popularity each week.

Table 29

A - FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY-SIGHTED PERSONS - 31st DECEMBER, 1965.

	Cause of Disability			
	Cataract	Glaucoma	Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F of Forms B.D. 8 (Revised) recommends:-				
(a) No Treatment:				
Blind	6	1	-	14
Partially-sighted	4	-	-	3
(b) Treatment (medical surgical or optical):				
Blind	6	11	-	2
Partially-sighted	6	4	-	5
Total blind and partially-sighted	22	16	-	24
(ii) Number of cases at (i)				
(b) above which on follow-up action have received treatment:				
Blind	4	6	-	2
Partially-sighted	4	3	-	4
Total blind and partially-sighted	8	9	-	6

N.B. 2 Cases died.

B - OPTHALMIA NEONATORUM

- (i) Total number of cases notified during the year - NONE
- (ii) Number of cases in which:-
- (a) Vision lost - NONE
 - (b) Vision impaired - NONE
 - (c) Treatment continuing at end of year - NONE

CHESTER AND NORTH WALES SOCIETY FOR THE DEAFLIST OF PERSONS ON THE REGISTERS ON
THE NIGHT OF 31st DECEMBER, 1965

The following information is given by Pastor D. Russell Macfarlane Secretary-Superintendent of Chester and North Wales Society for the Deaf.

Details	Up to 16	16-64	65 & over
Deaf with Speech: -			
Males	-	2	-
Females	-	3	2
Deaf No Speech: -			
Males	5	12	4
Females	3	16	1
Hard of Hearing: -			
Males	-	5	4
Females	-	5	3
Senile Deaf with Speech: -			
Males	-	-	1
Females	-	-	2
Senile Deaf with Speech (Part Blind): -			
Males	-	-	1
Females	-	-	2
Deaf with Speech(Part Blind): -			
Males	-	-	-
Females	-	1	-
Deaf no Speech (Mentally Retarded): -			
Males	-	1	-
Females	-	1	-
Deaf no Speech(Partially Blind): -			
Males	-	-	-
Females	-	1	-
Deaf, Blind, No Speech: -			
Males	-	-	-
Females	-	1	-
TOTALS	8	48	20
Number of Males on Register as At 31:12:65	= 35		
Number of Females on Register at 31:12:65	= 41		
Total	= <u>76</u>		

Handicapped Persons: General Classes - During the year the two full-time Home Visitors for the generally handicapped continued to give very good service to all classes of the generally handicapped, both providing home visiting and by attendance at clubs arranged in various parts of the County. Each Home Visitor covers half the County. They are provided with transport and have a depot of equipment in their area and are able to visit all cases regularly and submit reports to the Department and attend the Area Nursing and Mental Health Committees where a report on their work is submitted. The two Home Visitors for the Handicapped, in carrying out their work, maintain close liaison with Health Visitors on the district and the Group Disablement Resettlement Officer of the Ministry of Labour.

The services for the handicapped are now expanding in many directions as we gain more experience in this new field and our home visitors become more proficient in meeting the many personal and social needs of the handicapped. The time has arrived for an extra Home Visitor and for the county to be divided into three areas as we have now 291 handicapped persons on our register and the number is increasing annually. Indeed, I visualise this service expanding rapidly in the next two years and by then a total of five visitors will be needed.

During the year we carried out work of adaptation of several dwellings for handicapped persons ranging from minor adaptations such as safety rails on stairs to the provision of new bathrooms and bedrooms for those who were confined to wheelchairs and needed full facilities on the ground floor. This work rightly is assuming greater importance as more persons are making requests for adaptations, and all cases are reported on by the home visitors and wherever possible all reasonable requests are dealt with speedily.

We also continued during the year to issue special passes for attachment to windcreens of cars used by handicapped persons to enable them to get special parking facilities and help from the police if in difficulties.

The Home Visitors continued to give craft instruction at the homes of the handicapped and help with their many social problems. In addition, social and craft centres were established at Holywell, Prestatyn, Shotton and Buckley. These centres enable the Visitor to help more cases in the limited time at her disposal, they also mean that the handicapped are able to meet each other and have a break from their home surroundings.

Very successful exhibitions, and sales of work done by handicapped persons, were held during the year at the Denbighshire and Flintshire Agricultural Show and the Town Hall, Chester.

Christmas Parties were again held at the Mold and Rhyl Grammar Schools. At these parties voluntary organisations helped with refreshments and the Social Service Groups from the respective schools helped with the entertainment and distribution of presents.

Instead of the usual day trips it was decided that Handicapped Persons should be offered a holiday. We were fortunate in being able to book the Derbyshire Miners Holiday Centre, Rhyl for the period 16th to 21st May. All Handicapped Persons were invited, together with a relative or friend and 42 Handicapped Persons together with 25 friends and relatives took the holiday.

The two Handicapped Visitors, together with two volunteers, "lived in" at the holiday camp and were always available to give help and guidance to the handicapped persons. Members of voluntary organisations in the Western area were invited to special meetings and expressed a keen desire and willingness to help either with monetary gifts or in kind. The programme for the week included coach tours each day and shows every evening. Everyone participating in the holiday thoroughly enjoyed themselves and many letters of appreciation were received. The whole venture was a great success and it is hoped that it will be possible to repeat it next year.

Ever since our work for the generally handicapped started, we have had excellent support and help from numerous voluntary organisations in the County and this valuable help makes it much easier to meet the many calls made on our limited staff by the growing services for this group of persons.

Additional registrations were received during the year and all old and new cases on the register were visited regularly by the Health Visitors, the Home Visitors visiting only those cases where their help with training would be beneficial or was considered necessary. The Home Visitors did not visit cases in employment or who would be unable to do any handwork - but these cases were visited by the Health Visitors.

I would like to thank the outside bodies who helped us in our work during the year - doctors, hospital staff and the many voluntary organisations who were always willing to assist when requested.

At the end of 1965 the number of handicapped persons (ex-

cluding blind and deaf and dumb) on our register were as follows:-

	Aged under 16	Aged 16 to 64	Aged 65 and over	Total
Males	28	83	27	138
Females	22	99	32	153
TOTAL	<u>50</u>	<u>182</u>	<u>59</u>	<u>291</u>

Particulars of Visits Paid by Home Visitors During Year:

Number of first visits (i.e., to new patients who have not been visited at any time previously)	31
Re-visits	3408
Total visits	<u>3439</u>

Particulars of Attendances at Handicapped Persons Classes During Year:

Bagillt Clinic	-	339 attendances
Buckley Clinic	-	450 attendances
Connah's Quay Clinic	-	632 attendances
Rhyl Clinic	-	671 attendances

Table 31

PATIENTS ON REGISTER OF HOME VISITORS OF HANDICAPPED PERSONS
ON 31ST DECEMBER, 1965

Code	Classification	All under 16			16 to 64			65 and over			All ages		
		M	F	T	M	F	T	M	F	T	M	F	T
A/E	Amputation	-	-	-	3	2	5	4	1	5	7	3	10
F	Arthritis and Rheumatism	-	-	-	6	7	13	-	11	11	6	18	24
G	Congenital Malformations	-	-	-	-	3	3	-	1	1	-	4	4
H/L	Diseases	-	-	-	6	11	17	5	5	10	11	16	27
Q/T	Injuries	-	-	-	3	1	4	-	-	-	3	1	4
V	Organic Nervous Conditions	1	-	1	20	34	54	15	8	23	36	42	78
U/W	Other Nervous and Mental Disorders	-	-	-	1	6	7	-	-	-	1	6	7
X	T.B. Respiratory	-	-	-	7	-	7	2	-	2	9	-	9
Y	T.B. Non-Respiratory	-	-	-	-	-	-	-	-	-	-	-	-
Z	Other Diseases and Injuries	-	-	-	3	1	4	-	3	3	3	4	7
TOTALS		1	-	1	49	65	114	26	29	55	76	94	170

